Medical Service Corps

Junior Officer Week

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Inside the 2001 MSC Annual Report

Message from The Surgeon General

October 1, 2001

Dear Medical Service Corps Officers:

The Medical Service Corps plays a significant role within the AMEDD and our Army. The diversity of competencies your officers possess spans from operations to pharmacy, biochemistry to healthcare administration and preventive medicine to logistics. These skills are critical to the health and success of our soldiers and their families.

This first annual report represents the positive state of your Corps and the opportunities for the future. It speaks to the contributions of your officers in support of AMEDD Transformation and the Chief of Staff of the Army's Vision. I support BG Ursone's efforts to leader develop officers to meet the demands of the future in operational environments, research laboratories, and in our medical treatment facilities as clinicians and administrators.

As always, I remain appreciative of all you do for our Nation and me.

Sincerely,

JAMES B. PEAKE, M.D.
LIEUTENANT GENERAL
The Surgeon General

Corps Chief Message

The Medical Service Corps enjoyed a very good year, but we still have much to do to meet the needs and expectations of this great Army and the soldiers we serve. This was my first year as your Corps Chief and it was one of significant improvement. As the ERMC Commander, the USAREUR Surgeon, and the TRICARE Lead Agent Europe my days are full, however, my commitment to our Corps remains unlimited. This Annual Report is designed to share with you the successes and challenges of the past year and the focus for next year and beyond. As you know, shortly after assuming the role as MSC Chief I laid out my four priorities: Relevance and Core Competency, Communications and Visibility, Leader Development and Productivity and with this report I present to you an update on each.

Relevance & Core Competency

I believe together we were successful in defining our relevance and core competencies. We, and those we serve, understand better the daily contributions the MSC makes to our soldiers, our Army and our Nation. Across the realm of our Army, our administrative specialties excel in both support of broad spectrum operations, as well as the multi-billion dollar healthcare delivery systems. Our clinicians and prevention officers are committed and caring healthcare providers serving our soldiers, families, and retirees. Our scientists are renowned for their research endeavors and products throughout the world. I have no doubt that we will continue to serve at the highest level

Communications & Visibility

Throughout this first year and beyond I remain committed to making the Chief's office accessible and available to all our officers. To this end I was able to negotiate the Atlantic on only a few occasions. However, even with those rare opportunities I was able to meet personally with officers at the American College of Healthcare Executives Conference, the Sperandio

Operations Course, Walter Reed Army Medical Center, and MSC students at Command and General Staff College. Fortunately, technology offers us other options as well. I will continue to use VTC's to share my views and thoughts with you. We were very successful in meeting with every MSC Advance Course class, U.S. Army– Baylor Health Care Administration Students, officers at Ft Hood, Tripler AMC and the 25th ID, our instructors at the AMEDD Center and School and the officers attending the AMEDD Logistics Conference. Colonels Burns and Solomon's visits to talk with and listen to our officers at Ft Lewis, Ft Gordon, Ft Detrick, Ft Polk, Ft Drum, Ft Bragg, Ft Campbell, Ft Knox,, U.S. Army Recruiting Command, Aberdeen Proving Ground, Ft Lee, Ft Leavenworth, and Ft Stewart, augmented my VTC's. My intent is to reach every installation over the coming year. I will continue to publish my *Updates to the field* via email and the MSC web site as well.

Leader Development

Leader development is our most challenging priority. I realize that the product of the Medical Service Corps is our officers. We must develop them to achieve both personal and professional success. They must understand their roles and responsibilities and how we serve both the AMEDD and the Army. Leader Development in my view encompasses a balanced combination of mentoring, assignments and education. As such, I have asked senior officers to be more active in the coaching, counseling and mentoring of our junior officers and they are acting to achieve my request. Our PERSCOM career managers and consultants are now working much more closely to ensure assignments meet AOC/specialty development, with a diversity of assignments within an AOC, and where possible, afford our officers opportunities for non-traditional assignments. Education and Training is the third component of leader development. It is both institutional training and self development. The coming year will see policy changes and the implementation of new practices that will further strengthen formal LTHET programs and increase its contribution to the Corps. We also seek ways that allows officers better opportunity for self development. These and other initiatives under development will serve to reinforce all aspects of leader development.

Productivity

The issue of productivity was the most difficult to define and measure across our Corps. Clearly, there is no question of our value and the quality of the work we do every day. However, it is extremely difficult to quantify. On an individual basis we can cite examples of our productivity and in general we can define our contributions. Our clinicians continue to provide high quality care in a multitude of health care settings. Committed to an unrivaled professional standard, they ensure their credentials are maintained and the requisite continuing education and board certification is obtained. They master new techniques and technology in their continuous effort to provide the standard of care that our beneficiaries deserve. Our soldier-scientists and prevention officers excel in the universal community of research. Daily they seek answers, solutions and products to reduce and eliminate health threats and risks to our soldiers as they serve to achieve our national objectives. Their research prepares and protects soldiers in any and all environments.

Corps Chief Update

We have administrators who leverage healthcare resources within their local community to provide unequaled access to health services while saving time and money. In an operational setting, officers are developing and executing plans that contribute to the mission areas of nation-building and humanitarian assistance. All these endeavors speak to the productivity of our officers and how our efforts make others in our Army more productive, too.

The Coming Year& Beyond

Much was accomplished this first year. I am pleased but I am not satisfied. To achieve my priorities and objectives for the MS Corps we must sharpen our focus and redouble our efforts. First and foremost we have successfully laid the groundwork to implement processes and systems that allow us to manage and develop our officers to assume positions of responsibility within the military healthcare system. Over the next three years these processes must be in place and fully implemented so that our successors will have a well-laid foundation to continue our work. Second, we must look to the future. Specifically, we must determine what skill sets are required to best serve soldiers, the AMEDD and our Army. This may or may not evolve into the consolidation of AOCs and in fact, it may cause the introduction of new AOCs. This review must and will include all our specialties from both the administrative fields and the allied sciences. Finally, I want to reinforce our efforts on Leader Development. We have a responsibility to prepare our officers for the present and the future. I fully embrace that responsibility, as a Corps, we all must.

As MSC officers we are *Proud of our Past, Prepared for the Present* and *Focused on the Future*. We share our past. A rich heritage of storied successes serving soldiers and Nation. We know the present. Everyday at home or abroad we meet the challenges to provide and deliver quality healthcare to soldiers, families and retirees. Together we look to the future. Together we shape the future. Together we will measure the steps of progress. But you will inherit the future and I want your future to be better than the present.

Our Strategy For Improvement in FY02

1. **Leader development** with a focus on mentoring and communication with junior officers.
2. **Management of 70B officers** into a MSC specialty AOC no later than the 7th year of service.
3. Providing officers the knowledge of **MSC authorized positions** by AOC, grade and location on the **PERSCOM web page.**
4. **Recognition of our people** and their contributions to our AMEDD and the Army.

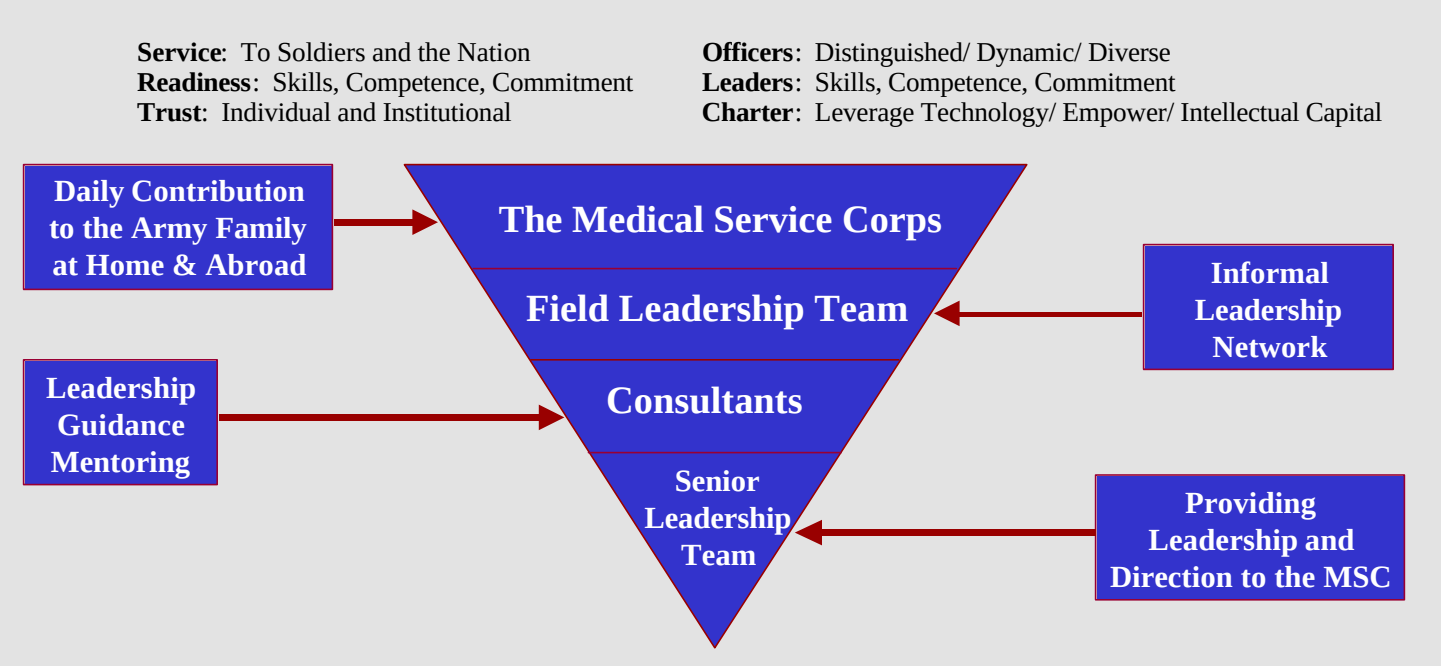
Medical Service Corps

The Medical Service Corps

A body of professional officers responsible for the integration and synchronization of the resources required for the provision and delivery of quality health services across the breadth and depth of the Army - from forward deployed foxholes to state of the art medical centers- in service to soldiers, families and retirees.

Medical Service Corps Mission

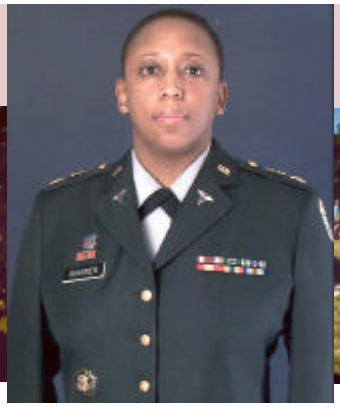
To provide highly skilled and dedicated leaders who perform the clinical, scientific, administrative, command and support services essential to efficiently and effectively manage a quality, world-class health care system in support of the Army.



The Role of the MCS Officer
Now and in the Future
Health Service Officers with Depth

- Subject Matter Experts in AOC through a balance of diverse assignments, experience and education
- Understands the synergistic influences of the Army, AMEDD and the Military Healthcare System (foxhole to MEDCEN)
- Possess the ability to synchronize and orchestrate operations plans and business plans by leading and managing resources- people, dollars, systems, and processes
- Leader developed with the skill sets to function in all of the Army's Legacy, Interim, and Objective Forces

LTC Karen Wagner



Karen Jay Wagner

22 February 1962 - 11 September 2001

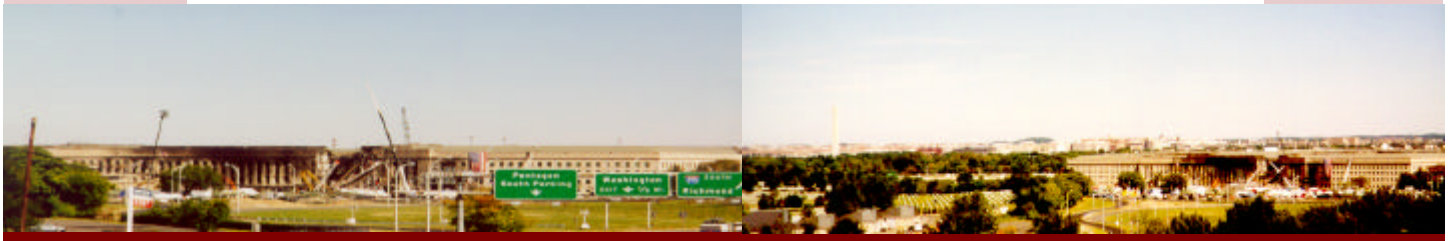
It is with great regret that I share with you the loss of one of our fellow Medical Service Corps officers. LTC Karen Wagner while serving on the Army Staff in the Office of the Deputy Chief of Staff for Personnel, the Pentagon, Washington D.C. on Sept 11, 2001 was lost as a result of the heinous act and unprovoked terrorist attack against our nation and against our people.

LTC Wagner was a career officer dedicated to our Army's values. She had served in a myriad of demanding assignments during her 17 years of service. Karen was a Distinguished Military Graduate of the University of Nevada Las Vegas and commissioned in 1984. As a Second Lieutenant, her first assignment was in the 85th Evacuation Hospital, Ft Lee, VA. Her career progressed through multiple assignments as a Executive Officer, Company E, 232d Medical Battalion and Company Commander, Company D, 187th Medical Battalion, Ft Sam Houston, TX, 1987-1990 and Chief of Personnel, 67th Evacuation Hospital, Wurzburg, Germany, 1990- 1992. She served in staff positions in Washington D.C. as a personnel staff officer at Walter Reed Army Medical Center, 1992-1994 and two tours at the Office of The Surgeon General, 1994-1995 and 1997-1999. In her most recent assignments she served in the Inspector General's office USAMEDCOM, Ft Sam Houston, TX 1995-1997 and as the Walter Reed Army Medical Center Brigade Executive Officer and the Secretary General Staff for the Commander, North Atlantic Regional Medical Command, 1999-2001. Karen was assigned as a Personnel Policy Officer in the Office of the Deputy Chief of Staff for Personnel in August 2001.

Her awards and decorations are numerous, distinguished and serve to reinforce her reputation for excellence. She was recognized with the meritorious Service Medal (3OLC), Army Commendation Medal, (1OLC), Army Achievement Medal (3OLC), Army Superior Unit Award, National Defense Service Medal, Army Service Ribbon, Overseas Service ribbon. She was also awarded the Headquarters, Department of the Army Staff Identification Badge. She was awarded the Legion of Merit (LOM) and Purple Heart posthumously.

Karen is survived by her mother, two brothers and a sister. Please hold a special place for Karen and her family and friends in your thoughts and prayers.

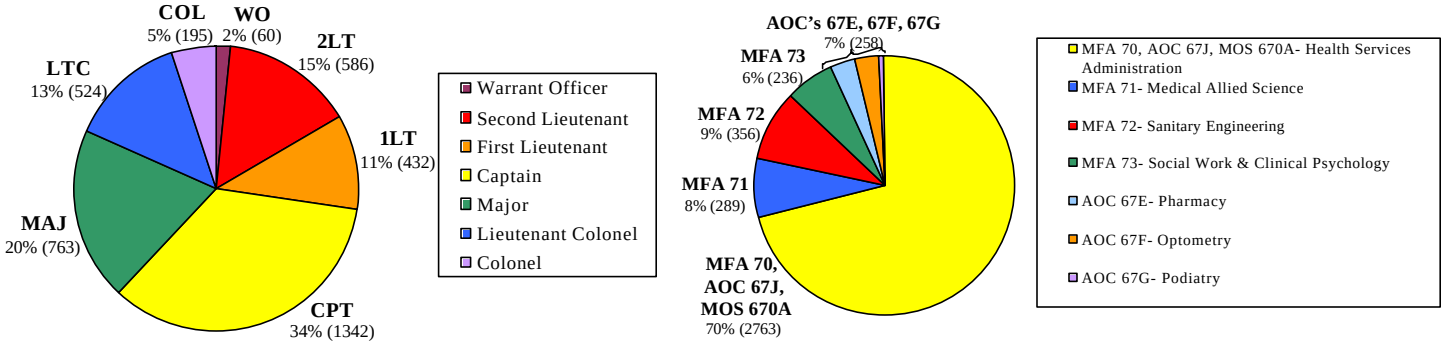
In this most difficult time for our nation and our people it is important to remember those who we serve and those with whom we serve. Our responsibilities reach beyond professional obligations and we must all, everyone of us, embrace our personal duty to reach out to Army families, the Army family, and our communities.



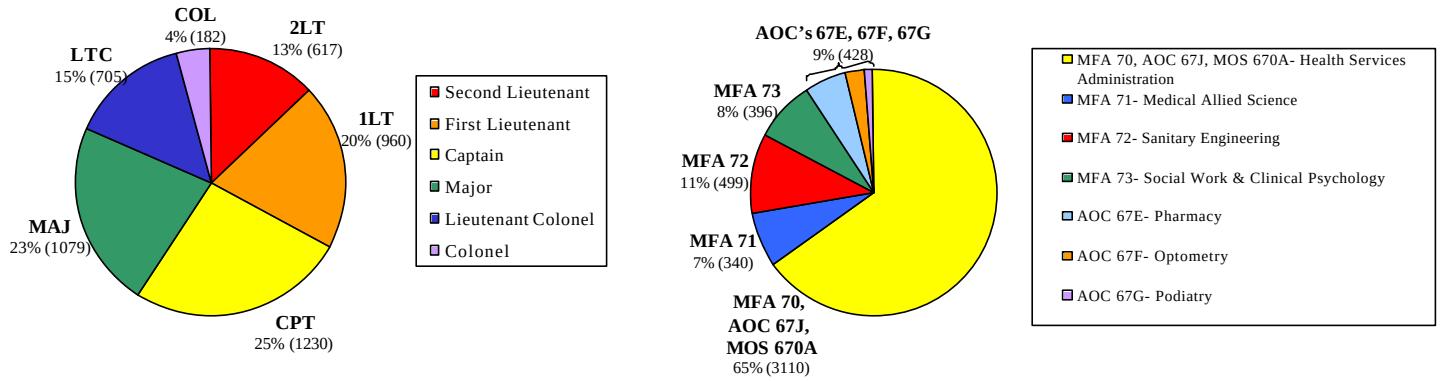
Demographics

Active Duty & Reserve Component Officers
24 Separate Specialties

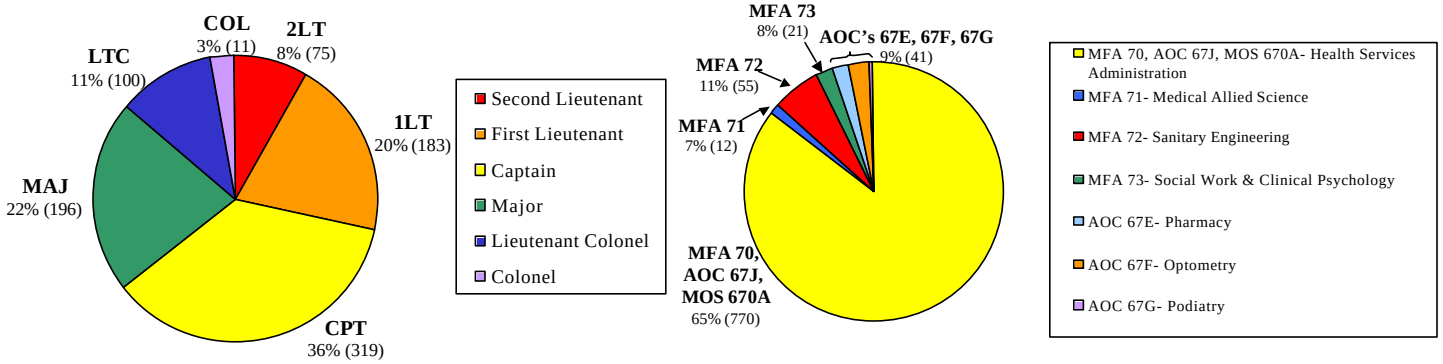
Active Duty– 3902 Officers



United States Army Reserve– 4773 Officers



Army National Guard– 899 Officers



Source: APPD

U. S. Army Recruiting Command

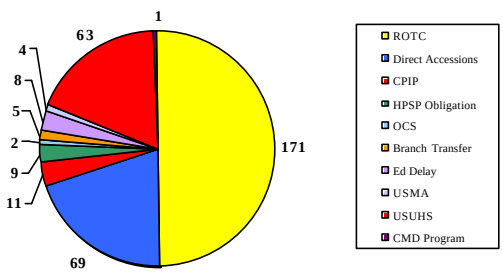
This past year, the U. S. Army Recruiting Command (USAREC) achieved 99% of its MSC mission. This success is directly attributable to our many MS officers and noncommissioned officers serving in cities large and small throughout the United States. Everyday they are working diligently visiting colleges, professional schools and professional conferences to bring highly specialized and qualified officers into our Corps. This year USAREC was able to meet or exceed mission in of 10 of 15 MS specialties. Of particular note was this year's success in recruiting pharmacy officers. USAREC, with a mission of 14 pharmacists, successfully recruited 12 – in raw number pharmacists that is a 100% increase from the previous year. We had difficulty with direct accession Optometrists, however, did well with HPSP optometry. Other challenging specialties to recruit were Nuclear Medicine Science and Sanitary Engineer officers. The following charts provide an overview of MS Direct Accessions for FY01.

FY01 Medical Service Corps Direct Accessions to Active Duty

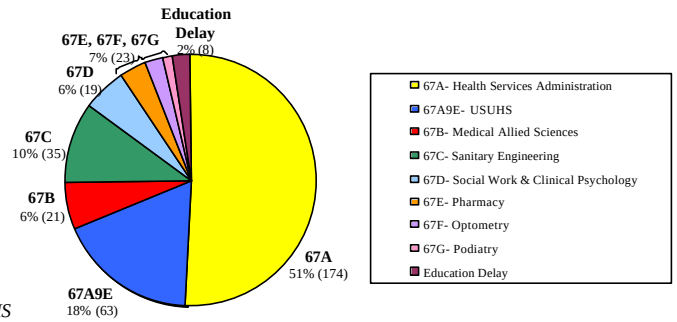
FY01 Medical Service Corps	Mission	Achieved	% Achieved
Direct Accessions	92	91	99%
MSC Other (non-mission categories)	0	4	
Total Recruitment Requirements	106	107	101%
MFA 71- Allied Sciences			
71A Microbiologist	6	8	133%
71B Biochemist	8	7	88%
71E Clinical Lab Officer	8	8	100%
71F Research Psychologist	2	3	150%
MFA 72- Sanitary Engineers			
72A Nuclear Med Sci Officer	6	3	50%
72B Entomologist	6	7	117%
72C Audiologist	2	2	100%
72D Env Sci Officer	17	17	100%
72E Sanitary Engineer	5	2	40%
MFA 73- Behavioral Sciences			
73A Social Worker	9	9	100%
73B Clinical Psychologist/CPIP	2	12	600%
AOC's 67E, 67F, 67G			
67E Pharmacy Officer	14	12	86%
67F Optometrist	6	0	0%
67G Podiatrist	1	3	300%
Total HPSP MSC	14	16	114%
HPSP 67F Optometry	6	8	133%
2, FY03; 2, FY04; 4, FY05			
HPSP 73B Clinical Psychology	8	8	100%

For the past several years we have accessed approximately 350 officers into the MSC through various programs. Most officers are accessed via ROTC. The majority of these officers enter into the administrative specialties of our Corps. Direct accessions help our allied science specialties as do HSPS and CPIP. The charts provide an overview of our accession program and distribution of accession by MS Medical Functional Area (MFA)/AOC.

Distribution of FY01 Accessions by Program



Distribution of FY01 Accessions by MFA/AOC



Note: This report uses "Accessions Data" for all Programs. 343 Officers were accessed into the MS Branch in FY 01 from all Accession sources. This includes officers in active duty student programs. For example: USUHS students entering school in FY01 are carried as MS Officers until they graduate.

Source: USAREC

Medical Service Corps
Reserve Component Individual Mobilization Augmentee

COL Roy Maday, IMA

During the past year in serving as BG Ursone's Deputy Chief Individual Medical Augmentee (IMA), and as part of his Senior Leadership Team (SLT), my primary goal has been to increase the awareness of the SLT, the Assistant Corps Chiefs, and Consultants to the tremendous assets available to the Corps within the Reserve Component (RC.) In order for our Chief to realize his mission of providing a world-class health care system to support our Army, it is imperative that he and his senior advisors remain conscious of the fact that approximately 70% of the total officers in the Corps resides in the RC. I believe I have been successful in igniting a spark that will continue to grow and cause the senior leadership within the Corps to realize that when we speak of The Army we must be all inclusive and not restrict thinking to just the Active Component (AC.)

Early in his tenure as Corps Chief, BG Ursone outlined his four priorities for the MSC: relevance, core competencies and skill sets; visibility and communication; leader development; and productivity. It is clear that his priorities truly span the length and breadth of the entire Corps as part of The Army. Consider the following.

Relevance, core competencies and skill sets

At times RC soldiers may have to endure some personal sacrifices in order to develop, maintain and/or fine-tune those skills necessary to enhance and preserve their worth to the Corps. Unfortunately this is the nature of the beast and is to be expected. Whether its Troop Program Unit (TPU) or Mobilization Day (M-Day), Individual Medical Augmentee (IMA) or Inactive Ready Readiness (IRR), professionalism is the name of the game and is critical in order to be part of a multi-billion dollar health care delivery system. The payment may seem inordinate, but the rewards will be returned many times over.

Visibility and communication

Know your consultant and his RC counterpart. If your specialty does not have one, consider volunteering to work with your Consultant on reserve affairs issues; not only for your own professional development, but also to better your specialty, the Corps, and the Army.

Be aware of what is going on in the Army, in the Corps and in your specialty. The Internet makes this easier than ever. If you do not have an account with Army Knowledge Online, get one. Not only is this an excellent site for Army information in general, it also provides useful links to other sites as well as providing an email account.

Stay in touch with the Corps through the MSC Home page. Several AOCs have web sites designed for that specialty. Addresses for the AOC specific websites are listed throughout this report. There are also sites for the National Guard Bureau and the US Army Reserve. Additionally, each state and RSC/RSG should have a site for its Guard and USAR constituency. Use these to get started.

Leader development

Think HAM/BAM (Have-A-Mentor/Be-A-Mentor). In one of his earlier Chief's Notes, BG Ursone expressed concern when he found that many junior officers with whom he has visited did not have a mentor. As a senior MS Officer, it is extremely important that we nurture our future MSC leaders. Be available to provide guidance, share experiences, and answer questions. Be part of our junior officer's leader development. Challenge them. Give them opportunities to excel and they will.

As a junior MS officer, get to know the Senior MS officer in your State/RSC/RSG. Ask questions. Seek guidance. And don't be afraid to make a mistake. That is how we learn and grow. This applies across the board whether you are M-Day/TPU, IMA or IRR.

One effective tool for leader development is to recognize deserving junior officers for their accomplishments and potential. In addition to OERs and individual awards, another superb means of providing recognition is to nominate an officer for our Chief's MSC Award of Excellence. This is something unique to our Corps and can be most effective in promoting junior officer development. The Award of Excellence and Junior Officer Week are discussed in the Special event section of this annual report. Further information can also be found on the MSC web page.

Productivity

Take care of the Chief's first three priorities and productivity will naturally fall into place. Keep up the great work.

Quality Service Through Professionalism!

Reference Websites

ARPERSCOM
www.2xcitizen.usar.army.mil

Army National Guard (ARNG)
www.ngb.dtic.mil

United States Army Reserve (USAR)
www.army.mil/usar

General MacArthur Award

Guard MSC officer gets leadership award

By Jerry Harben

CPT Christopher Krug is one of the 24 junior officers honored with the GEN Douglas MacArthur Leadership Award during a ceremony at the Pentagon on May 23.

Krug is commander of Company A in the 109th Area Support Medical Battalion, Iowa National Guard.

Criteria for the award include the ability to motivate others, understand fellow soldiers and inspire commitment, teamwork and esprit de corps. The award is presented annually to 12 active duty, six Army National Guard and six Army Reserve company-grade officers.

"The ceremony was simply outstanding. It was located in the center of the Pentagon and Army Chief of Staff, GEN Eric Shinseki was there to present the award," Krug said.

The group had lunch with the Chief of Staff and saw the area in the Pentagon where their names are displayed.

"After seeing the ceremony and everything they had set up for us, I came to realize that it was even more of an honor than I could imagine."

Krug enlisted in the Guard in 1989 as a combat medic, and served in the Gulf War. He then earned a commission through Officer Candidate School. He has been company commander since 1998, and the unit has won a Superior Unit Award and deployed on a humanitarian mission to Central America during that time. In 1999, he was selected for the Chief, Medical Service Corps' Award of Excellence.

As a civilian, he is president of a computer consulting firm that he and two partners started in 1997.

"I would say the most important part about being a leader is don't be afraid to make a mistake," Krug said. "Leaders must take calculated risks to grow and to learn. Especially in a training environment, it is OK to make a mistake, just don't make the same mistake twice."

"A very close second is communication and respect. You must respect not only the leaders above you, but the soldiers under you. I have always found that if you explain exactly what you are doing your soldiers will follow. You also need to care for your soldiers. If soldiers have issues, and you take the time to listen to them or remember some small detail in their lives, they will grow better as a team," he continued.

CPT Christopher Krug

"Finally, the best place to start to become a good leader is by using the eight steps in troop leading procedures. If you follow the eight steps, then you will be over half-way there to being a successful leader," he added.

Krug received a 15-pound bust of MacArthur, a U.S. combat general in World War I, World War II and the Korean War. He also received a gold watch from the Association of the United States Army.

This article, written by Jerry Harben, originally appeared in the August 2001 addition of The Mercury.

The General Douglas MacArthur Leadership award is annually given to company grade and junior warrant officers who exhibit outstanding military performance, leadership and achievement, and who demonstrate the ideals for which MacArthur stood -duty, honor and country.

More information on the General MacArthur corridor, located in the Pentagon, can be found at: http://www.defenselink.mil/pubs/pentagon/virtual.html

The Medical Service Corps Leadership Initiative
Senior Leadership Team (SLT), Consultants, Field Leadership Team (FLT)

The Medical Service Corps (MSC) Leadership Initiative was developed and implemented by BG Ursone to address the challenges that face our Corps. As such, BG Ursone has embraced the MSC Leadership Initiative to build upon the actions of previous MSC Corps Chiefs' and as an effective forum to look to our future. The composition of this initiative is a leadership team drawn from across the breadth and depth of our Corps. This is critical to developing future leaders with institutional knowledge of the strategic issues and to gain an understanding of the current issues. Equally important is for all these officers to gain an appreciation for the Army's institutional processes and the rationale for decisions affecting our Corps. Together, this team will continue to address current issues of interest to our officers, focus on MSC strategies for the future, and provide counsel and recommendations to the Chief, MSC.

The four elements of the MSC Leadership Initiative are:

Senior Leadership Team (SLT).
The SLT is comprised of approximately 15 Colonels including the MSC Deputy Corps Chief, Assistant Corps Chief, Corps Specific Branch Proponency Office (CSBPO) Chief, MS Branch PERSCOM, the MS representative, for AMEDD Personnel Proponency Directorate and the Reserve Component and other senior representatives from our Corps. These senior leaders bring a wealth of expertise and experience from all facets of our Corps.

Consultants.
The Consultants represent our 23 separate specialties, 70K- ASI 9I, and Warrant Officer, (MOS 670) and play a significant role in this initiative. They are responsible for professional leader development.

Field Leadership Team (FLT).
The FLT has 16 representatives (Majors, Captains (P) and a Warrant Officer) from every Medical Functional Area (MFA) and the Reserve Component. These officers, nominated by their consultant and approved by the C, MSC, provide a mid-grade officer perspective to the issues that the SLT addresses and issues of interest to themselves. Members of this group will be rotated.

Junior Officers
The attendees at Junior Officer Week (JOW,) include the annual MSC Award of Excellence (AOE) recipients, comprise the fourth element of the MSC leadership initiative. JOW is typically comprised of approximately 25 company grade and junior warrant officers. They include members of all our Army components- Active, United States Army Reserve and the National Guard.

Intent and Process
The intent of the MSC Leadership Initiative is to elicit sound input from members of our Corps and to support the development and implementation of initiatives that address today's challenges. Simultaneously, these initiatives will shape the future of our Corps and how our officers support the AMEDD and the Army as they transform into future fighting formations and innovative institutional infrastructure.

Initially, a transition meeting was held in June 2000 to allow BG Ursone to develop his strategy and concept for his Leadership Initiative. The SLT and consultants have met on multiple occasions to develop initiatives, recommendations, and courses of action with future implications for the Chief, Medical Service Corps. The FLT was included in one off-site session and has regularly contributed from their home stations. The junior officers were assigned issues to develop and to provide feedback to the C, MSC via a VTC at the conclusion of JOW. Additional junior officer input and feedback was gathered from on-site visits, VTC's, and Officer Advance Courses. Last year, our meetings coincided with other major events such as Association of Military Surgeons of the United States (AMSUS) and the AMEDD Distribution Conference, which minimizes cost, but also maximizes the effectiveness of personal interface and dialogue of issues and initiatives among officers of multiple grades, specialties, and experiences.

Issues
The issues addressed included MSC opportunities now and in the future, Leader Development, Long Term Health Education and Training (LTHET), assignment policies, information sharing and marketing. The initial effort began to align policy with leader development practices to develop future leaders with the right skill sets to support the AMEDD and the Army as it embraces the Interim Force and moves to realize the vision of the Objective Force. As a result, several products and guidance were developed for BG Ursone's review. Specifically, BG Ursone approved and directed the implementation of utilization assignments- post LTHET, initial assignment of 2d LT (O-1) administrative AOCs to TOE units, initial assignment of allied scientists to organizations with professional support, the Functional Area (FA) 90 (multi-functional logisticians) MSC officers, published a Consultants' Handbook, a redesign and implementation of the DCA Selection Process, etc. These and other initiatives and guidance are discussed in the Leader Development section of this annual report.

The Chief, Medical Service Corps will continue to use the MSC Leadership Initiative as the primary process to generate meaningful dialogue and recommendations on the issues that affect our officers. This construct will also serve as the primary venue to accept issues from the officers of our Corps and explore new ideas and opportunities.




FY 01 Initiatives:

MSC opportunities now and in the future

Leader Development

Long Term Health Education and Training (LTHET)

Assignment Policies

Information sharing and marketing

Produce an MSC Annual Report



















FY 01 Initiative Results:

Utilization assignments after completion of LTHET

Initial assignment for all administrative 2LT in TOE units

Initial assignment of allied scientists to organizations with professional support

Support of MS officers serving in Functional Area (FA) 90 positions

Publication of the Consultants' Handbook

Redesign and implementation of the Deputy Commander for Administration (DCA) Selection Process

Publication of an MSC Annual Report

Award of "A" Proficiency Designator

The "A" Proficiency Designator recognizes our MS officers who are considered eminently qualified in their specialty. They are leaders in their specialty and have made significant contributions to the advancement of knowledge in a particular field through publication and active national professional organization membership.
This years recipients of the prestigious "A" Proficiency designator are:

COL Linda K. Jellen
73A– Social Work Services

COL Gennady E. Platoff
71B– Biochemistry and Physiology

COL Ronald L. Shippee
71B– Biochemistry and Physiology

COL Robert E. Steger
73A– Social Work Services

LTC Terry K. Cox
70K– Health Services Material

LTC Beau J. Freund
71B– Biochemistry and Physiology

LTC Karl E. Friedl
71B– Biochemistry and Physiology

LTC George W. Korch
72B– Entomology

LTC Richard R. Levine
71F– Research Psychology

LTC Jeffery P. Zimmerman
67G– Podiatry

Annually, the Office of the Chief, Medical Service Corps posts instructions on the "A" proficiency designator process and board schedule on the MSC and PERSCOM web pages. The Assistant Corps Chiefs, consultants, and commanders may nominate individuals for this prestigious award. The criteria is established and consistent with AR 611-101.

MSC Contributions

COL Forrest W. Kneisel

Colonel Kneisel has a long and distinguished career in federal health care management. In his current role with the Center for Clinical Laboratory Medicine, Colonel Kneisel chairs the Tri-Service committee for the partnering of DoD and the Center for Disease Control's Bioterrorism National Laboratory Response Network (NLRN). Fully supported by the three Surgeons General, the NLRN provides all CONUS military medical laboratory sites the opportunity to participate in the network at the A-Level. Three sites (one in each service and each providing a different level of laboratory testing support) will serve as specific agent LRN Level-B prototypes. This program will boost the homeland defense capability by expanding significantly the number of sentinel sites across America.

Colonel Kneisel also served on the Connectivity Industry Consortium (CIC) to establish a universal connectivity standard for Point-of-Care instrumentation. POCT is a rapidly growing segment of laboratory testing. In the current "non-standard" environment Hospital Information System developers and programmers, and POCT instrument manufacturers must expend resources to ensure that their systems are marketable by modifying their communications protocols and data transfer models to keep up with their competitors. This is an expense that must be passed along to the end users and diverts resources away from improving instrument performance and features useful to the providers. By developing a universal standard the interfacing of POCT instruments to CHCS, CHCS-II and other HISs will be simpler, less costly and can be made available for installation more quickly. The consortium's work has been completed and donated to an existing, established industry standards-setting organization for further refinement, final development, publication and maintenance.

MAJ Jeffrey Ryan
SBIR Award

MAJ Jeffrey Ryan and his industrial partner, Integrated Medical Analysis Systems, Inc., won one of eight Small Business Innovative Research awards presented Army wide. The award was given based on the military relevance and great market potential of a self-contained device for detecting malaria parasites in mosquitoes. The device requires no refrigeration, takes only 15 minutes to produce a result, and costs less than two dollars per test.

CPT Greg Hutchinson

CPT Greg Hutchison conducted an OPTCAP in support of the people of Kosovo by providing donated spectacles to over 130 patients. During mission support provided to Kosovo and Bosnia, as well as Africa, Thailand, and Egypt.

CPT Martha Simonnet

As the Deputy Chief, Patient Administration Division at Landstuhl Regional Medical Center, CPT Simonnet has made a positive impact in a relatively short period. CPT Simonnet serves as the medical center's subject matter expert on data quality and was selected to present on the topic at the 2000 European Medical Service Corps Symposium. She developed and implemented procedures that were effective in reducing a large backlog of documents for filing and improving the availability of medical records for patients being treated at LRMC. CPT Simonnet developed and published a policy for expediting the processing of Medical Evaluation Board Cases. The policy was approved for use as the standard for the ERMC.

CPT Simonnet is an active member of the Central European Healthcare Executives and is currently applying for Diplomatic status in the American College of Healthcare Executives.

LTC Don Degroff

LTC Don Degroff implemented PDTS (Pharmacy Data Transaction Service), which integrates the MTF, NMOP, and retail pharmacy networks throughout the Department of Defense.

CW3 Michael G. Staley

CW3 Staley is the Chief, Equipment Center at Blanchfield Army Community Center at Fort Campbell, Kentucky. Mr. Staley is a leader who focuses not only on the organization and its mission, but on his people, their abilities and team concept . Mr. Staley has 114 hand receipts in his property book section that recently received a commendable rating on the CLRT for having zero property book items on the facilities “excess hand receipt.”

Mr. Staley was solely responsible for the coordination and processes to acquire equipment for the new $14 million consolidated Troop Medical Clinic (TMC) on Fort Campbell. Mr. Staley plays a critical role in the facilities Master plan and renovation projects. Recently, Mr. Staley restructured his shop and built personnel structures that best supports the organization.

Mr. Staley was awarded the Military Order of Medical Merit for his years of service and significant contributions to the AMEDD.

MSC Contributions

MAJ Sheryl Kennedy, 72D, Environmental Science Officer, Commander, 155 MED Detachment received an impact award during her units deployment to Bright Star.

Dennis Blunt is the project manager for a new drug to treat severe and complicated malaria and facilitates and coordinate the pre-clinical drug development process. He also coordinated Cooperative Research & Development Agreements with industry and academia.

COL Terry Klein, 72B, Entomologist, Command Entomologist for 18th MEDCOM, ROK conducting a rodent survey.

CPT Andrew Scott, 72A, Nuclear Medical Science Officer and crew conducting DU sampling in the American sector in Kosovo, March 2000

LTC Tom Logan, 72B, Entomologist, demonstrates the use of Ultra-Low Volume Pesticide Fogger for mosquito control at the USAF Base in Mor'on, Spain.

CPT Lee Lefkowitz evaluates novel anti-inflammatory drugs to mitigate sulfur mustard injuries.

CPT Ray Vazquez checks on immortalized cells used in determining how mustard produces its serious injury to skin.

CPT Patterson Taylor uses High Pressure Liquid Chromatography (HPLC) to determine the purity of compounds that are potential antidotes to nerve agent poisoning.

Health Services

COL James R. Greenwood

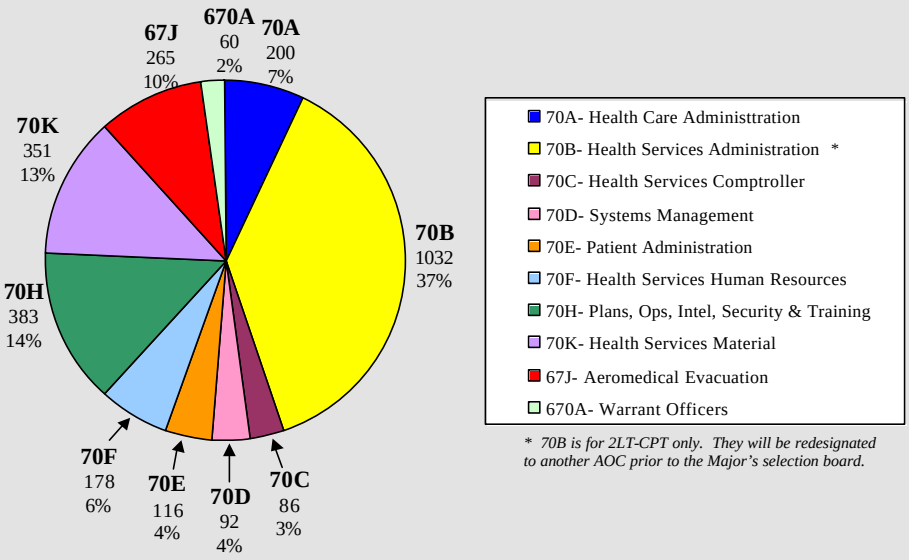
The Pharmacy, Supply and Administration career field represent the largest and most diverse of the four titled sections of the Medical Service Corps. Representing some eleven Areas of Concentration (AOC), the Health Services career field serve in key positions throughout TDA and MTOE organizations of the Army Medical Department and the Department of Defense.

Grounded with the solid troop leading skills to include command, the diversity of skills within the 67A MFA remain crucial to the efficient and effective management of the health care mission across the full spectrum of our Army. The successes and contributions for all the AOCs throughout the year have been numerous. You can read about them in each of the consultant updates.

Our focus needs to continue on taking care of our officers. More involvement by our senior MSC's in mentoring the junior officers is not just desired by our junior officers, but necessary for their retention. Offering a wide range of post-graduate education and training opportunities and sufficient developmental positions throughout the AMEDD is paramount. Our credentials are our soldiers and our officers, but our professional associations and affiliations also add credibility and lead to personal and professional success.

It is a great time to be in our Army. Our Corps has relevance and value, this is demonstrated everyday. The coming year will bring its share of challenges, but it will also bring tremendous opportunities.

Health Services Officers
2763 Active Duty Officers



** 70B is for 2LT-CPT only. They will be redesignated to another AOC prior to the Major's selection board.*

70A Health Care Administration

COL Jimmy Sanders, Consultant

Officers in the 70A healthcare administration career field continue to play a vital and expanding role in providing innovative leadership as the Army Medical Department attempts to position itself to meet the challenges of the 21st Century. Healthcare Administrators are diligently working to acquire the requisite business skills needed to successfully manage all healthcare resources for the AMEDD. Because of the strategic position, the role of the 70A officer is essential to the AMEDD's efforts to deliver the TRICARE benefits to our patients, develop implementation plans and execute provisions of the congressionally enacted TRICARE For Life program while supporting the medical readiness mission.

The 70A officer has long been recognized as a key leader among the community of AMEDD officers. The quality of this leadership has been underscored by the success of 70A officers who have been selected for MTF command positions. This success is a clear recognition that 70A developmental assignments prepare officers well for strategic level leadership positions.

In recent years, senior leaders at the Department of Defense and the Army have placed greater emphasis on improving the business processes within the AMEDD. In large part, the pressure for increased efficiency and productivity has been generated by outside agencies such as the Congress, numerous federal oversight organizations, and several civilian healthcare watchdog groups. Healthcare administrators have been at the forefront in promoting and advocating for improvements in business applications. We believe this approach is crucial to the long term success and viability of the military healthcare enterprise. Fundamentally, 70A officers are actively seeking alternatives and adopting industry best business practices in managing the AMEDD resources. These officers also are developing the critical competencies at all levels to manage what will soon be a $7.0 billion corporation.

CPT Chuck Unruh
Administrative Baylor Resident

Challenges

The 70A healthcare administration field is aggressively working to confront numerous challenges. One challenge is the continuing need to maintain adequate developmental positions in our fixed treatment facilities. Officer reductions, associated with the military draw down and the AMEDD Optimization plan, have combined to result in fewer military authorizations, particularly in the MTFs' Clinical Support and Managed Care Divisions. These positions are normally used to develop our Deputy Commanders for Administration. Another major challenge for senior leaders is the need to prepare all 70A officers to handle the rapid pace of change for healthcare while operating in a very complex and demanding environment. Senior leaders in healthcare administration must quickly understand and grasp the concepts of emerging issues, such as developing proposals for venture capital initiatives, implementing the provisions of TRICARE for Life, developing beneficial VA/DoD Resource Sharing agreements, etc. Exploiting these opportunities for process improvement and efficiency will be fundamental to the growing value of the 70A officer.

MAJ Daniel Stewart

Goals

Goals are being developed to address many of the significant challenges that the 70A officers will face in the future. To ensure that MSC officers have been adequately developed for Deputy Commander for Administration positions, the Corps Chief is spearheading significant changes to the DCA selection and slating process. These changes will clearly define prerequisites for a DCA and outline selection procedures, which will better assist officers in their preparation to become a DCA. Assigning experienced and knowledgeable officers to senior leadership positions at the MTF level also will provide a boost to the Corps Chief's efforts for more involvement by senior MSC's in mentoring the junior officers.

The 70A community is also working to form internal and external partnerships with other groups in order to keep abreast of emerging issues in the healthcare industry. These partnerships should focus on providing the 70A officer with a wealth of knowledge and experience, which should help them leverage valuable time and resources. While many DCAs already serve as Preceptors for U.S. Army-Baylor Residents, there is an even greater potential for DCAs to partner with the Baylor Program. These partnerships with Baylor, or the AMEDDC&S, will give the DCA access to a wealth of theoretical and practical knowledge, and perhaps generate better solutions to many of the financial and contracting issues that confront DCAs.

70C Health Services Comptroller

COL Roger Foxhall, Consultant

As the business experts for the AMEDD, the Health Services Comptroller (70C) role in a resource challenged environment is critical to the successful accomplishment of the AMEDD mission. The AMEDD is slowly recognizing the critical skills and value of these officers. Three 70C officers were selected to be Deputy Commanders for Administration in Fiscal Year (FY) 00 and another three for FY 01. The 70C field saw every primary zone officer selected for promotion in the FY01 Colonel and Lieutenant Colonel promotion boards with the exception of three. One 70C officer assumed command of a TDA hospital in FY 01 and another will do so in FY 02. Truly, indeed, the ability of the 70C officer is a valued asset within the AMEDD.

Challenges

The 70C Health Services Comptroller field is proactively tackling the challenges it faces.

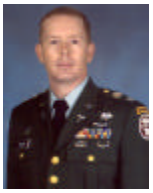
Beginning in FY 01 officers gain access to the health services comptroller field through the Long Term Health Education Program. Officers can choose a one-year internship or an MBA degree program followed by an internship rotation. To better prepare its officers for the Managed Care Support Contract (MCSC) environment that the AMEDD operates within, the 70C field standardized its internship locations in FY 01. Interns now train in a medical center based environment that produces a well-rounded 70C officer who fully understands the Bid Price Adjustment process and other issues that are part of the MCSC business environment.

The exacting MCSC environment is also driving many organizations to reorganize and place all business operations under the 70C officer. Often the 70C officer possesses the skills but not the rank to lead those business entities. As more senior 70C officers are selected for jobs beyond the pure resource management field and authorizations go down, keeping all of these issues in balance becomes a problem.

Goals for the Future

The expanding role of the 70C officer, as well as the evolving MCSC business environment, requires the health service comptroller to go beyond pure resource management. Developing standardized internship training that includes perspectives at the U.S. Army Medical Command and Office of the Surgeon General levels will provide a solid foundation for 70C officers. Reclassifying branch immaterial positions that comptrollers regularly fill will help provide a solid supply of officers to meet the AMEDD future needs. Expanding professional affiliation and comptroller accreditation will also produce a stronger 70C field throughout its ranks.

70D Health Services Systems Management



LTC(P) Barclay Butler, Consultant

The Medical Service Corps 70D officer, or more affectionately known as your local IMO, has had a very productive and exciting year. While only 97 officers strong, we have nevertheless participated in a number of big wins for the AMEDD.

COL Thomas Semarge, a 70D, was selected as the AMEDD CIO in the spring of 2000, but was soon called upon to lead our enterprise-wide deployment of CHCS-II. The deployment of CHCS-II begins a radical shift in how we manage our patient data leading to a truly longitudinal electronic patient medical record. TMIP, our Theater Medical Information Program, combined with MC4, our field hardware solution, was deployed as part of the Army Transformation plan, and included the positioning of CPT Tony Cromer, a 70D officer, into the Interim Brigade of the 4th Infantry Division. TMIP has recently tested the theater version of CHCS at Cobra Gold in Thailand, and is positioning to deploy CHCS-NT, a version of CHCS-I, in future operations. The combination of TMIP, MC4, and CHCS-II, with the 70D officer leadership, all lead to a fully functional longitudinal patient record supporting our beneficiaries.

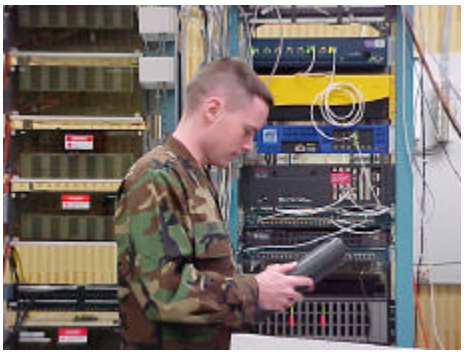
Replacing COL Semarge as the CIO was LTC(P) Barclay Butler, another 70D, in the early summer of 2001. LTC Butler began his career at the Medical Research and Development Command, now the Medical Research and Material Command (MRMC), and has had tours as the G-6 at the 44th Medical Brigade, the DCSIM at 18th MEDCOM, Korea, the NARMC/WRAMC/DOIM CIO at Walter Reed, and, most recently, as the Deputy for IM/IT at MRMC. One of LTC(P) Butler's goals is to reshape the 70D's into a certified professional series. To become a 70D, selected officers are required to take the Medical Information Management Course at Fort Sam Houston, TX, and complete a 2 week Reserve Signal Officer course or the DOIM course at Fort Gordon, GA. These two courses are now a requirement for all new 70D officers preparing them for both the role as Chief, Information Management Division in an MTF, and as the defacto signal officer for deployed medical forces. A further

re-look of the 70D qualifications was initiated and will include grade-specific education and assignments preparing the IMO for certification as a Certified Healthcare Information Management Professional under the auspices of the Healthcare Information and Management Systems Society.

As part of reshaping the 70D series, 70D officers have been instrumental in shaping how IM/IT is employed in the AMEDD. Task Force Mercury, the implementation guidance for IM/IT in the AMEDD, was recently codified in MEDCOM Regulation 25-1, Information Management. This regulation will standardize IM/IT procurement processes throughout the AMEDD, capture IM/IT initiatives, and leverage these initiatives producing unified IM/IT efforts.

70D officers have proven themselves competitive both in selection for promotions and in selections for long term civilian education. In terms of promotion potential, 70D officers are selected for promotion at all grades consistent with all the other MSC AOCs. As far as educational opportunities, this year 70D officers were selected for Training With Industry, fully funded Masters of Information Management degree programs, and fully funded Ph.D. programs. 70D officers are also routinely selected for resident Command and General Staff College.

The 70D officer AOC's, although one of our smaller series, is nevertheless, a group of highly dedicated professionals that leverage information management technologies enabling the Army Medical Department to perform its mission. These officers ride the steep slope on the wave of the future. It is through their leadership that the AMEDD will reap the benefits promised by 21st century technologies.



CPT S. Todd Snigg, 70D

70E Patient Administration

COL Frank Berlingis
Consultant

As the AMEDD links its transition to the overall Army transition strategy, it may be an ideal time to examine how the role of the Patient Administrator, 70E, fits into the AMEDD strategy. Even a cursory look at the AMEDD Balanced Score Card's Strategy Map will reveal numerous linkages to the work done by Patient Administrators. Examples include disposition of medically unfit soldiers, medical records contribution to quality care, third party collection program (TPCP) contribution to securing funds, data repository role in developing accurate forecasting/modeling, and leveraging IM/IT. Despite these clear and indisputable linkages to the AMEDD mission, there is still some confusion and misunderstanding regarding the role of the Patient Administrator.

MAJ Thaddeus Spencer, 70E

To fully appreciate the reason for this identity problem, one must look at the role of Patient Administrators over the last decade. Prior to managed care, Patient Administrators were center stage in their role as the CHAMPUS subject matter expert. One could not discuss the referral of patients out of the "direct care" system without involving Patient Administrators. As managed care began to make its way into the direct care system (Gateway to Care), Patient Administrators continued as the focal point to educate patients, provide health care finders, assist with claims, etc. As managed care matured and Health Affairs moved toward a unified DOD system of health care (TRICARE), new departments and divisions were introduced within the military treatment facility (MTF) that subsumed much of the Patient Administrators' managed care role.

In the meantime, Patient Administrators continued to contribute to readiness by providing trained Medical Regulating Officers to TOE units. This readiness requirement remains a critical patient administration (PAD) requirement.

PAD successes throughout the year have been numerous.

As the military health system (MHS) changed its way of conducting patient care, PAD continued in its support role by providing medical records expertise and supporting soldier unique health administration needs (profiles, line of duty, medical evaluation boards, liaison with unit commanders, etc.). Also, because of its hospital treasurer functions, Patient Administrators became the managers for the Third Party Collection Program (TPCP). Despite collection rules that often did not favor full reimbursement for services rendered, Patient Administrators have been able to develop this program into a major source of MTF funding. The success of the TPCP remains a major PAD accomplishment to this day.

Patient Administration is now at a crossroads. Some of its functions have clearly intersected with other Areas of Concentrations (AOCs). For example,

the training, duty experience, and civilian education are often indistinguishable between 70E and 70A. Also, the connection with the IM/IT, 70D, career field has become increasingly stronger due to automated medical record initiatives. The time may be right for detailed discussions and recommendations regarding AOC mergers, as well as other innovative ways to harness the 70E skill set.

Successes

Patient administration successes throughout the year have been numerous. Major strides led by PAD have been made in the area of data quality. As it became apparent that the new Surgeon General's demand for useful data would be enormous, PAD stepped forward at all levels to properly collect data and ensure its accuracy. The "trip book" for The Surgeon General (TSG) is heavily populated by data managed and monitored by PAD. The Patient Administration Systems and Biostatistics Activity (PASBA) has become an invaluable data repository operating several major data fields effecting the entire AMEDD. Projects include a TSG trip book web site, clinical practice guideline metrics reporting, commanders' utilization report, systems to support data reporting by deployed units, as well as a host of standard inpatient and ambulatory data reporting systems.

Despite dwindling enrollment, the quality of PAD Officer training remains excellent. The PAD Course now encourages attendance by 70A as an "Administrators Course." Numerous young 70A officers have found the training to be meaningful as the duties of the two AOCs continue to blend. Also noteworthy, is the incorporation of both the TRICARE Basic and Advanced Students Course (TBASCO) and adjudicator training into the PAD Officers Course.

Patient Administration Officers continue to make major contributions at all levels in the AMEDD TRICARE Management Activity (TMA) and Health Affairs. In fact, there are currently eight "must fill" mission essential positions not documented on

TAADS, but have been established by memorandums of agreement or TSG directive, that are being filled by PAD Officers. These officers have been successful in advancing technology (PIC, Smart Card, computerized medical record); conducting TRICARE education; supporting clinical practice guidelines; and providing AMEDD support to the Military Medical Support Office, the National Guard Bureau, and the Reserve Component.

Successes have also been achieved in the area of long term health education and training (LTHET), where two officers have been selected for Academic Year (AY) 2002 Baylor starts, two for AY 02 University of Pittsburgh starts in Health Care Informatics, and two for AY 02 Training With Industry starts. The need for Ph.D. level patient administrators continues to be explored as the complexity and scope of data quality continues to expand as well as the impending Health Insurance Portability and Accountability Act (HIPAA) requirements. Also extremely noteworthy are the efforts of our TOE PAD Officers, many of which take their expertise into deployment and have made major contributions in the area of patient tracking and medical regulating.

Challenges

Patient administration faces multiple formidable challenges as it reexamines its role in the AMEDD. Patient administration promotion selection rates to both 04 and 05 are lower than overall selection rates and significantly lower than other AOCs. There appears to be several reasons for this, not the least of which is an inventory that exceeds the objective force model by 15 officers. The objectives will be examined in more detail this year when a complete "scrub" of the 70E AOC will occur.

The effect of lower selection rates is obvious with more officers electing to either change AOC or leave the service entirely. In all likelihood, unanticipated vacancies in the summer of 2001 will cause a situation where officers not holding the 70E AOC will be assigned as Chief, PAD, in smaller MEDDACs.

The problem of recruitment also continues. Patient Administration classes at the AMEDDC&S are getting smaller each year, averaging only six students per class and only two classes per year. This will not sustain current requirements.

Patient administration officers continue to search out ways to diversify their career path. It is obvious that TOE jobs, while not plentiful, are necessary to be competitive. The PAD Consultant encourages career opportunities outside the 70E AOC and supports officers seeking this diversity. Obviously, this feeds 70E shortages and under laps are often long and problematic to gaining commands.

Finally, there is the issue/challenge of how to address the merger of several MS AOCs. The duties of 70A, 70E, 70D, 70F, and even 70C have melded to the point that "silo management" may no longer be appropriate. Much senior level work is needed by the tiered leadership team to fully explore this challenge.

1LT Lorifils (Left) and
1LT Latimore-Lorifils (Right)

Reference Website

http://www.armymedicine.army.mil/pad

70F Health Services Human Resources

COL Frank Blakely, Consultant

By all indications, junior MSC officers are interested in the Human Resource Management Career Field. This is due, in part, to our field grade officers encouraging and mentoring these officers to seek and excel in the AOC.

Our traditional niche roles, as operational personnelists remain crucial to the Health Care mission across the full spectrum of our Army's daily operations

We remain a well-educated AOC. One hundred and twenty three of our officers have Master's Degrees, with three more scheduled to graduate this year. We continue to offer Human Resource Management internships at OTSG and APPD and have a very good TWI program in place at the Baptist Hospital System in San Antonio. Our first officer to complete the TWI program, CPT Dino Murphy, is putting his experience to good use as the Chief of Personnel at West Point where he also serves as the MS branch representative for members of the Corps of Cadets interested in the Medical Service Corps.

In an effort to bolster our inventory with trained Operations Research Specialists, who are critical to the force management function, we are limiting new Masters level LTHET starts for FY02 to the ORSA field. Attendance at the Human Resource Managers Course at the AMEDD Center and School will remain the qualifying course for award of the 70F AOC. The course is 2 weeks in length and offered once a year.

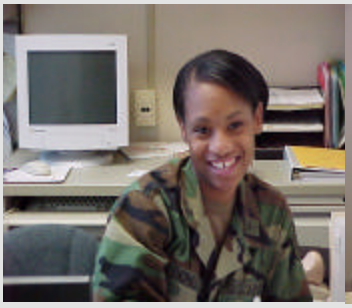
We are implementing a plan to authorize Reserve Component officers the opportunity to gain 70F qualification by attending the Personnel Officer's Course at Ft. McCoy. Completion of this course and one year of 70F experience will qualify RC officers for award of the AOC. Our 70F Colonels continue to compete well for Senior Service College level training and several have attended the corresponding studies program.

The single greatest challenge for the AOC remains the need to maintain a viable force structure, which lends itself to the proper professional development of our junior officers.

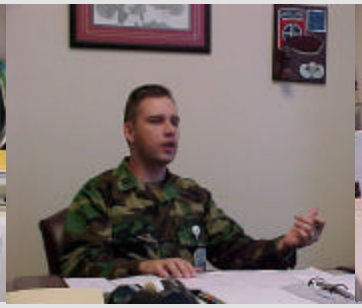
With the gradual elimination of 70F force structure, we have lost key developmental positions that traditionally prepared junior officers to understand how the Army resources and sustains itself via the Army and DHP funding streams, and the impact these processes have on the personnel life cycle functions. Increasingly, the first opportunity to gain this experience is found at the Lieutenant Colonel level. For example,

there are only a few developmental positions remaining in our structure crucial to the preparation of an officer to become the Chief of the Health Services Branch at EPMD. One of these is located at the AMEDD Center and School as the Chief of the Training Management Branch in the Department of Academic Support and Quality Assurance. The incumbent learns how the Army manages enlisted training, which is a major function executed by the Health Services Branch at PERSCOM.

The successful MSC Human Resource manager remains fundamentally grounded with solid troop leading skills and company command. Our traditional niche roles, as operational personnelists remain crucial to the Health Care mission across the full spectrum of our Army's daily operations. Equally important are the skills we bring to the recruiting, training management, and force management arenas. Our traditional relevance remains as we face the challenges of a digital world.

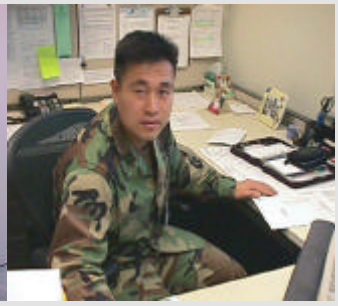


1LT Candice Thomas



CPT R. Christopher Moore

MAJ Allen Darden, 70F



CPT John Lee, 70F

70H Health Services Plans, Operations Intelligence, Security, and

COL Frederick Gerber, Consultant

Medical Operators continued to do great things for the Medical Service Corps and the Army Medical Department this year. On any one day, 70H's are deployed to over 21 countries, 10 named contingencies, 8 named JCS exercises and innumerable other deployments.

We achieved strategic dividends for the Corps and the AMEDD by acquiring three authorizations for 70H positions within the international NATO strategic and tactical operational commands. We established medical Operations and Plans positions at the NATO Sub-Regional Commands in Verona, Italy; Larissa, Greece, and Izmir, Turkey. Officers serving in these positions act as the single focal point for all medical planning in support of NATO operations in Southern and Central Europe. These are challenging positions for hard working officers unafraid to work, learn new languages, cultures and styles of operation. To compliment these billets, we provide medical planners on 179-day rotations to the Stabilization Force (SFOR) Headquarters in Sarajevo, Bosnia and to the Kosovo Force (KFOR) Headquarters in Pristina, Kosovo and Skopje, Macedonia. The outstanding 70H officers serving in these billets are doing great things in support of coalition and joint operations. In the Fall of 2000, we assigned the first medical operations officer to the 75th Ranger Regimen. That is a big Hooah and Rangers Lead the Way!

This year we hosted our biennial John Sperandio Medical Plans, Operations, Intelligence, Training, and Security Post-Graduate Short Course in Dallas, Texas. Close to 500 Medical Service Corps officers attended the week long course, receiving briefings on operations field craft, Army transformation, and the latest in innovative technologies to support the warfighter. This conference focused on the mid-level officer and non-commissioned officer, returning a better trained medical planner to the unit. We're clearly focused on supporting and training the CPTs, MAJs and LTCs of the world, allowing senior COLs time to roam, mentor, coach.

70H's were offered a continuing wide range of post-graduate educational and training opportunities this past year. The centralized board process selected twelve 70H's to attend graduate school programs, including degrees in Health Care Policy, Strategic Intelligence, International Health Programs, and Military Medical History. Our AOC offered the opportunity for Training With Industry (TWI) rotations with the Office of Emergency Preparedness, the Central Intelligence Agency, and Vector Research. Working with career managers at PERSCOM, I am pre-determining follow-on utilization tours for our LTHET graduates, ensuring the maximum return of investment for the AMEDD.

Soldiers in the field want information. To assist in the sharing of information, the 70H Medical Operations web page will go active in June 2001. This page will serve as a single-source point of information for all issues related to medical planning and operations. The web page provides links to the 70H career managers, links to planning resources, consultant's notes, and information updates on AMEDD and Army operations around the world.

The Army is heading in a new direction and the 70H's will be out front marking the route for all to follow.






70K Health Services Material

COL Jonathan Kissane, Consultant

Medical logistics represents the largest and most diverse of the administrative career fields in the Medical Service Corps. Medical logisticians provide the specialized materiel and services necessary to operate an integrated health care system worldwide through the full spectrum of military operations. Medical logistics subspecialties include contracting, acquisition management, logistics automation, and health facilities planning (which carries the Additional Skill Identifier of '9I').

Logisticians serve in key positions throughout TDA and the MTOE organizations of the AMEDD, and have challenging opportunities in both realms from company through field grade assignments. Officers become logisticians by attending the resident 10-week Health Services Materiel Course at the AMEDD Center & School, followed by one year of medical logistics experience. As mid to senior grade Captains, logisticians may apply for the six-month Medical Logistics Management Internship Program operated by the US Army Medical Materiel Agency (USAMMA). A two-year internship program in medical contracting is also available through the US Army Health Care Acquisition Activity (HCAA). Opportunities exist for graduate level education in logistics or logistics systems related fields, as well as positions in Training With Industry (TWI). Medical logistics specific command opportunities exist for Medical Logistics Battalions and at the Colonel level for USAMMA, the US Army Medical Materiel Center, Europe (USAMMCE), and the 6th Medical Logistics Management Center (MLMC).

CPT Traci Babcock, 70K

Highlights of the past year

Medical logisticians have made significant contributions to the success of the AMEDD as it supports a globally engaged Army while participating in reengineering necessary to keep pace with Army Transformation. Army medical logistics has led the DOD in embracing distribution based logistics, and USAMMCE and the 16th Medical Logistics Battalion (Waegon, Korea) have provided superb support to all military Services in their respective theaters. Support to Balkan operations has involved both CONUS based MedLog Battalions (147th and 32nd) as well as the 226th from Germany. USAMMCE has continued to serve as a logistics laboratory for logistics concepts and automation, and has recently achieved ISO 9000 certification in recognition of its continuous quality improvement.

Operational capabilities have been advanced with the fielding of the CASS-M computer system to all Active and Reserve Component MedLog Battalions, and the AMEDD has begun fielding initial modules of the new generation of DOD standard medical logistics automation, the Defense Medical Logistics Standard Support (DMLSS) system, to TDA facilities worldwide. Logistics automation has also advanced through Point of Use distribution systems and a web based portal for logistics knowledge exchange (FEDLOGSPT.COM). The AMEDD initiated and expanded the optical Frame of Choice program, allowing Active Duty soldiers to select a set of civilian-style prescription eyewear produced by Army opticians. The AMEDD also made a major transition from the Army to the Defense Logistics Agency in the financial management of its worldwide medical supply operations, an initiative that will have strategic implications for the development of National

Provider-based supply chain management. The real strength of Army medical logistics, however, remains with its outstanding officers that serve the AMEDD with extraordinary talent and dedication. This year, there were eleven logisticians nominated for the MSC Corps Chiefs Award of Excellence, with of our officers being selected to attend Junior Officer Week. Captains Andy Centineo (Blanchfield Army Community Hospital) and Scott Russell (325th Field Hospital) participated in Junior Officer Week, and Captain Russell was recognized as the MSC Corps Chief's U.S. Army Reserves Award of Excellence.

Challenges

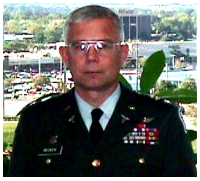
The coming year will bring its share of challenges. The completion of DMLSS Release 3.1 should lead to its approval for worldwide fielding to TDA facilities, marking the beginning of transition from TAMMIS and AMEDDPAS. Work will continue on the development of plans and strategies to apply commercially based logistics programs to readiness requirements, and to ensure that procedures are in place to synchronize the flow of materiel to the right unit, at the right time and place for both deployment and sustainment requirements. Logisticians will begin the conversion of Army hospitals to the Medical Reengineering Initiative (MRI) configuration, and help develop investment and fielding strategies that will enable the AMEDD to accelerate the fielding of the MRI medical force. The operations

tempo in support of contingencies throughout the world will continue to require responsive medical logistics support while regional logistics programs in partnership with Air Force and Navy will work to reduce peacetime healthcare costs and improve efficiency. The demand for high quality officers to meet these requirements will continue to exceed the available inventory of trained logisticians, a situation that challenges the assignment process but provides many opportunities for officers to accept higher level responsibilities.

The summer of 2002 will also bring the Medical Logistics Professional Short Course (location to be announced), following the success of the 2000 Logistics Conference that was held in Philadelphia.

70K9I Health Facilities Planning

COL John Becker, Consultant



Health Facility Planners are Medical Logistics Officers (70K) who are awarded an additional skill identifier (ASI) of 9I based upon their unique skills and qualifications typically related to the disciplines of architecture or engineering. To receive the 9I ASI, an officer must have 1 year of experience in Health Facilities Planning, plus a Masters Degree in Health Facilities Planning, architecture, engineering, construction, logistics management, or health care administration. Five years of cumulative experience in Health Facilities Planning positions may be substituted for the educational requirements. Health Facility Planners provide deployable Facility Life Cycle Management expertise in a multitude of areas. Representative examples include Facility acquisition, planning, engineering, equipment planning, sustainment, transition, installation management, and DPW operations. Assignments are available in both TO&E and TDA units.

Past Year's Successes

Health Facility Planners have played key roles over the past several years in support of the AMEDD. They have participated in 26 SMART deployments over the past 40 months, providing facilities expertise to nation building and disaster relief. Seventy percent (70%) have commanded companies, over 1/3 are currently assigned above their pay grade, and several have Desert Storm, Bosnia, and Kosovo experience. Captain Dave Gibson was recently selected below the zone for promotion to major, and Major Mia Brennan is a recent graduate of resident Command and General Staff College. This AOC is unique in that there is no civilian job that will allow a young architect/engineer to have the level of responsibilities the Army provides them through experiences such as Bosnia, Kosovo, Haiti, and Disaster Relief. Currently two Majors and two Captains run Health Facility Project Offices in Korea, Germany, Alaska, and Walter Reed managing the AMEDD's largest facility capital improvements. These positions require a level of responsibility normally assigned to a Colonel or Lieutenant Colonel. The 121 Hospital, Korea project is a complex 5 year, $80 million addition/alteration. The Heidelberg, Germany project is also a hospital addition / alteration of $46 million over 5 years. The new Bassett Army Community Hospital broke ground and continues forward at $215 million over 6 years. The Armed Forces Institute of Pathology (AFIP) on the Walter Reed Campus is one year and $10 million into a ten year, $115 million renovation.

Challenges for the Future

The biggest challenge is to recruit and retain qualified officers for this important AOC. This AOC has suffered a 24% attrition rate over the last five years, and only three new second lieutenants have been assessed since FY 99. This challenge is exacerbated by the fact that, as an ASI, there is no APPD model or career pyramid for this AOC, no ability to directly assess, and no ability to manage promotion opportunities. However, we are working to improve. Currently, efforts are underway to improve recruitment/marketing so that officers on active duty with the requisite education are aware of the opportunities within this career field.

The two greatest attractions for joining and remaining in the health facilities planning field are the higher levels of responsibility available, and the educational opportunities. LTHET

at both the Master's and Doctorate programs are important to Architects and Engineers. The Master's level clearly provides the focus in each of these broad fields. These educational opportunities also provide the Army the deployable talent it needs to successfully represent the Army's interests with a myriad of agencies (governmental, non-governmental, private) throughout the entire life cycle of a facility. There are three Facility Planning officers currently in LTHET, which include a PhD program (1), Masters program (1), and TWI(1).

Health Facility Planning officers will continue to provide tremendous value from very few authorizations throughout the AMEDD, both in Logistics and Health Facilities Planning, as the recruitment/retention challenges are addressed.

MOS 670A

670A Health Services Maintenance Technician

CW4 David H. Fuss, Consultant

Health Services Maintenance Technicians are professionally developed through a variety of assignments and training opportunities. To enter this field of professionals who maintain the highest of standards, superb 91A's, E-5 (P) or above NCOs may apply for selection on an annual basis. Applications are reviewed by a HQDA selection board convened at Fort Knox, KY.

Individuals are evaluated using the whole person concept, with the goal of selecting the best qualified soldiers to serve as the future AMEDD Warrant Officers. Once selected, they must successfully complete the six weeks Warrant Officer Candidate School before attending the WOBC and receiving their certification for the 670A MOS.

Upon successful completion of this specialty course they are assigned to one of the Army's TOE or TDA Medical Treatment Facilities or to one of the Medical Logistics Battalions. An AMEDD Warrant Officer Advance Course has been designed and should be fielding its first class this coming year. This course will provide for AMEDD Warrant Officer training that tracks current training guidance of the Warrant Officer Education System (WOES) and the proposed Army Transformation Leader Development Training Strategy for both the Veterinary Services Technician (640A) and the Health Services Maintenance Technician (670A). WOAC will be six weeks in duration, three of the six weeks will be "track" training for AMEDD Warrant Officers, giving them the opportunity to gain that specialized training not currently available at the AMEDD Officer Advanced Course.

Health Services Maintenance Technicians continue to provide technically, tactically expert advise and service from their training and experience to ensure safe, quality patient care. Warrant officers are offered opportunities to obtain bachelors degrees or complete degrees that they have begun on their own. Today they are deployed around the globe in support of the Army's fixed Medical Treatment Facilities and to Combat Support Hospitals and Medical Task Forces in support of Joint and Army missions. 670A's continue to build their professionalism through association and membership to professional associations such as Association for the Advancement of Medical Instrumentation, Society of Biomedical Equipment Technicians, American Society of Healthcare Engineers, Biomedical Engineering Society, and International Certification Commission for Clinical Engineering and Biomedical Technology, all of which leads to healthcare professional growth.

The Health Services Maintenance Technician is expanding beyond the role of Maintenance manager for the AMEDD which covers acquisition, equipment accountability, maintenance and disposal of medical equipment, management of finances, instrumentation and projects to promote the safe and cost effective application of technology. In many cases, they also served as the Battalion Motor Officer and assist with power distribution duties.

The Health Services Maintenance technician will play a major role in the fielding of the Medical Reengineering Initiative medical AMEDD's transformation this year and in the out years to allow for safe and functional medical equipment for our health care providers. Other significant accomplishments includes property management oversight. Assist in complying with the Safe Medical Device Act (SMDA) of 1990-Public Law 101-629 when equipment incidents take place. Ensure AMEDD compliance with JCAHO compliance, specifically in the areas that are germane to Biomedical Maintenance and electronics equipment systems. Ensuring that wireless devices are not purchased that could cause degradation to medical equipment and we are continuously working with the FDA and sharing this information with our hospitals.

A significant event in our specialty was the FCC's June 8, 2000 meeting. The FCC unanimously adopted a primary allocation of spectrum for the Wireless Medical Telemetry Service (WMTS) in three bands: 608-614 MHz, 1395-1400 MHz, and 1429-1432 MHz. FCC allocated the new spectrum on October 16, 2000 and (finalized-October 16, 2001) established rules for a WMTS that allows potentially life-critical equipment to operate on an interference-protected basis. Includes transition of patient measurement data, such as pulse and respiration rates to a nearby receiver, permitting greater patient mobility and increased comfort. The maintenance Warrants at the 226th MED Log, 30th Med BDE and USAMCEE provided support to the contingencies TASK FORCE Falcon and Task Force Eagle.

67J Aeromedical Evacuation

COL Scott Heintz, Consultant

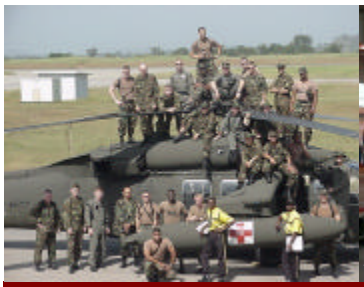
Aeromedical evacuation officers continue to make significant contributions throughout the world in both our primary mission of aeromedical evacuation and the myriad of additional career fields that are paramount to the AMEDD's mission of providing quality health care to our nation's armed forces. Upon graduation from flight school and the 2CF7 Medical Evacuation Doctrine Course, newly qualified 67Js are assigned to those entry-level flight positions within our evacuation units that will provide them with the base critical skill set they will need throughout their careers as aeromedical evacuation officers. The emphasis in these initial assignments is placed on the development of both their aviation skills and an exposure to leadership opportunities. Junior to mid-grade captains can expect to fill flight platoon leader, flight operations and maintenance officer positions within the air ambulance companies as well as S-3, S-3 air positions in battalion and brigade staffs, aviation staff officer positions within the DMOC's, instructors at FT Sam Houston or FT Rucker and advisors to Reserve Component units. Non-aviation, ground command opportunities also exists for 67Js. Aeromedical evacuation officers will attend, primarily, the AMEDD's Officer Career Course. A small percentage will be given the opportunity to attend the Aviation Branch Career Course or the Combined Logistics Officer Career Course. Those attending the later course will be assigned to a divisional assignment upon graduation. Educational opportunities within the LTHET program are available for 67Js provided they have met their first flight gate. In mapping out individual career tracks the 67Js must remain cognizant of the "payback" requirements of some of the programs. For example, a 67J attending the Baylor Health Care Administration Masters Degree Program will be out of the cockpit for three years; one year in school, one in the residency program and one in a utilization assignment. Command of an air ambulance company remains the benchmark for every 67J and every 67J that desires an air ambulance company command will be provided that opportunity. The consultant, working closely with PERSCOM, has made a focused effort over the past two years to ensure that all eligible 67J majors, with seniority being the primary criteria, are given the chance to command. Primary command opportunities at the LTC level continue to be the four Evacuation Battalions. Traditionally, aeromedical evacuation officers are well represented in non-AOC specific LTC level commands as well. We currently have 67Js commanding Recruiting Battalions and, next year, have an aviator who will command an Area Support Medical Battalion. There are no aeromedical-specific COL level commands, but over at least the past 10 years an aviator has commanded one of the Medical Groups/Brigades.

Highlights of the past year

Aeromedical evacuation officers and evacuation units continue to represent the AMEDD in a stellar fashion. Air Ambulance units have been deployed to the Balkans, Africa, Southwest Asia and continue their ever vigilant presence in Germany, Korea and CONUS. Mission profiles have included dangerous rescue hoist operations in mountainous terrain and flood conditions. MEDEVAC units have been involved in multi-agency CSAR operations in Mexico. The OPTEMPO/PERSTEMPO of air ambulance units is among the highest in the Army. These individual and collective achievements have been made possible through Herculean efforts and an unwavering commitment to our profession of medical evacuation. Last year, the 421st Medical Evacuation Battalion won the Lieutenant General Ellis D. Parker Award, as the Army's best aviation battalion, combat service support category, for an unprecedented 6th time in the past 8 years. A MEDEVAC crew from the 571st led by CPT Jeff Mosso won the prestigious Sikorsky Rescue Award for their heroic actions in a mountain hoist rescue. The 507th Air Ambulance Company was featured on CNN conducting lifesaving hoist rescues during recent floods in Texas. CPT Jeff George, a 67J, is currently the aide-de-camp for the 101st Airborne Division (Air Assault) Assistant Division Commander for Support. He followed another 67J, CPT Mike McFadden, who held the job previous to him. Those 67Js who have attended the Aviation Career Course traditionally finish as honor graduates and occasionally as distinguished honor graduates. Day in and day out countless other 67Js are making similar contributions throughout the world.

Challenges

The OPTEMPO and PERSTEMPO associated with supporting the requirements of our National Military Strategy will continue to place demands on our aeromedical evacuation units and personnel. Retaining the high quality 67J force that we currently have and continuing to recruit to the force structure model requirements will continue to be a priority. Coordinating an aeromedical evacuation career track while establishing a secondary AOC (and competing for the requisite LTHET opportunities) will continue to be a primary challenge. During the 2002 AMEC we will bring together a focus group to discuss the issues and proposed resolutions for those challenges our AOC expects to face.



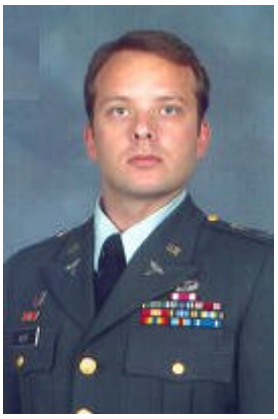
LTG Ellis D. Parker Award
421st Medical Evacuation Battalion

Award of Excellence

CPT David A. Condon

Health Services Category

CPT Condon serves as the aide-de-camp to the Commanding General of the Pacific Regional Medical Command and Tripler AMC. Previously CPT Condon served as a Platoon Leader, Company Executive Officer and Asst Battalion S3 in the 325th FSB, 25th Infantry Division.



CPT Donald R. Neff

Health Sciences Category

CPT Neff is the Assistant Chief of the Social Work Service at Tripler Army Medical Center. Previously CPT Neff served in the same capacity at MEDDAC – Ft. Carson. While assigned to Ft. Carson CPT Neff served a 12 month tour in Bosnia with Operation Joint Endeavor.

CW2 Daniel V. Burrhus

Health Services Maintenance Technician Category

CW2 Burrhus is the Chief of Medical Maintenance Branch at Bayne-Jones Army Community Hospital in Ft. Polk, LA.

CPT Scott Russell

United States Army Reserve Category

CPT Russell is the Assistant S-4 and Property Book Officer for the 325th Field Hospital in Independence, Missouri. Previously he has served as a Health Services Officer in the 312th Evacuation Hospital in Greensboro, North Carolina.

CPT Joel Harris

United States Army National Guard Category

CPT Joel Harris is the Commander of the 134th Medical Company (GA) in Washington, Iowa. Previously he has served as a Platoon Leader in the 134th Medical Company, and as both the S-1 and Asst S-2/3 in the 109th Medical Battalion (Area Support).

Award of Excellence/ Junior Officer Week

The Chief, Medical Service Corps Award Of Excellence (AOE) and Junior Officer Week (JOW) programs provide personal recognition to outstanding junior Medical Service Corps (MSC) officers who have made significant contributions to the AMEDD mission and performed in an exceptionally outstanding manner. A board is convened of senior MSC officers to select the AOE recipients and JOW participants. In order for a junior MSC to participate in JOW, the individual must be nominated for the AOE.

Since 1982, the Corps Chief has presented the Award Of Excellence to a junior officer in each of the following five categories: 1) Health Services (MFA: 70 and 67J00 AOC); 2) Health Sciences (MFA: 71, 72, 73 and AOC's 67E00, 67F00, 67G00); 3) Health Services Maintenance Technician (MOS 670a); 4) Army National Guard; 5) USAR. This year's annual awards was presented on 5 April 2001.

Since 1985, the Office of the Chief, Medical Service Corps has invited a select group of deserving junior officers to participate in the JOW activities, held in the National Capitol Region. This year's JOW was held from 2-5 April 2001. The purpose of the JOW activities is to recognize outstanding junior MSC officers and give them the opportunity to meet and discuss issues with the senior leadership of the MSC, the Army medical department and the department of defense. In addition, overviews and tours are provided of several key organizations including the Office of the Surgeon General, Office of the Assistant Secretary of Defense (Health Affairs) and MSC branch, Personnel Command (PERSCOM.) Other tours included: Capital building, Arlington Cemetery, Old Guard, staff ride to a Gettysburg battlefield, and the D.C. National monuments.

Individuals in the supervisory chain may nominate eligible MSC officers for the AOE and participation in JOW. Nominations must be forwarded through the chain of command to the Office of the Chief, Medical Service Corps.

This years JOW will be held from 21-26 April 2002. Further information on this year's AOE and JOW programs is provided on the MSC homepage.

Senior MSC's from the National Capital Region joined the junior officers for a staff ride to Gettysburg. The officers studied a terrain model to get an overview of the battle prior to walking the site. A demonstration was provided on equipment and uniforms used by cavalry forces. They also learned the correct techniques for firing a civil war artillery piece.

Junior Officer Week

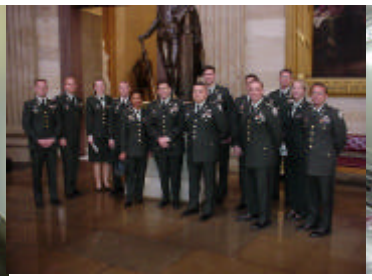
Briefings at OTSG and PERSOM were provided by the MSC senior leadership

2001 Junior Officers Week at the Pentagon's Medal of Honor Memorial

Tour of Washington D.C

Award of Excellence Luncheon held at Fort McNair Officer's Club on behalf of all the AOE/ JOW attendees.

Junior Officers receive a tour of Arlington Cemetery from a soldiers in the Old Guard. They also participated in a wreath laying ceremony.



LTC Patrick Sergeant, MSC, a Congressional Fellow working in the U.S. Senate provides a tour of the U.S. Capitol. During the tour, the junior officers met J. C. Watts Jr. of Oklahoma.

CPTs Chris Sloan, Jason Davis and Sean Kennedy discusses issues facing the MSC at the Hoffman Building.

CPT Michael Franke briefs reasons to stay in the MSC

CPTs Scott Russell, Kimberly Anderson and Craig Fisher examine issues facing the MSC today.

1LT Jenny Nguyen, CPT Jamie Bulken-Hoover and CPT Shannon Shaw at Office of the Surgeon General.

MSC Contributions

CPT (P) Travis Watson

CPT (P) Travis Watson, DDEAMC, deployed and implemented a junior pharmacy officer survey and obtained a 65% response rate from junior officers on their "hot" issues and what caused them to remain on active duty. Survey results are to be used to develop retention strategies and will be published in Military Medicine.

MAJ Kyle C. Campbell

MAJ K. C. Campbell is one of the forefathers of the new AMEDD Resource Tasking System (ARTS). MAJ Campbell and a few of his colleagues began developing the idea for a web based interactive tracking system in 1999 while they were pursuing a Masters Degree in Information Systems Management.

MAJ Campbell recognized early on the need for an automated system that could track and report MEDCOM personnel deployed worldwide in support of exercises and contingency operations. Prior to the development of ARTS, when current operations received a request for information on the number of man days a certain MOS/AOC was deployed and location deployed from home station, there existed no automated system to tabulate the requested information. Current Operations personnel relied on the "stubby pencil" method to retrieve and tabulate the requested statistical data. After several man hours of painstaking work of flipping through 3 ring binders with subsequent year taskings, action officers would produce the data, but at best the data was 80% accurate.

MAJ Campbell and his colleagues envisioned a system that was web based and could track all MEDCOM deployments worldwide and produce various deployments reports as needed. The system has been online for a year and has already surpassed anyone's expectations. ARTS allows the action officer or major support command to enter a tasking and track it to its completion. Among other things, ARTS allows commanders to retrieve various statistical data and produce reports accordingly thereby, saving countless man hours and increasing the accuracy of the reports for MEDCOM/ OTSG.

LTC Robert, MAJ Blow, and CPT Pike

Support to Bosnia and Kosovo Missions

LTC Robert, MAJ Blow, and CPT Pike have served as entomologists in the Balkans. Their stories of pest and sanitation management reflect the need for the Preventive Medicine units in the theater. One of the interesting aspects of their work was close interaction with preventive medicine personnel from other countries' services.

COL Robert

CPT Pike

COL Dan Raymund

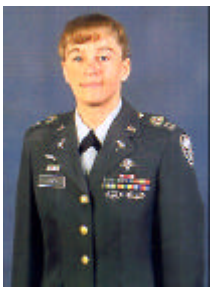
COL Dan Raymund, Director of Pharmacoeconomic Center lead the Army and DoD Pharmacy efforts to decrease pharmacy expenditures by $54 Million in FY00 and projected a $43 Million savings for the first six months of FY01.

CPT Lee Lefkowitz

CPT Lee Lefkowitz and SPC Reyes are investigating the role of arachadonic acid (AA) in the inflammatory response of sulfur mustard (HD) injury. Arachadonic acid is the most predominant prostaglandin precursor in the body. Prostaglandins have profound physiological effects at very low concentrations. They mediate the production of pain and fever, the regulation blood pressure and the inflammatory response. It is this latter role that prompted investigation of prostaglandins in general, and arachadonic acid in particular, as a potential target for therapeutic intervention for sulfur mustard injury. AA is significantly increased in human keratinocytes exposed to sulfur mustard. It is produced by one of three primary biosynthetic pathways, each requiring specific enzymes. CPT Lefkowitz has demonstrated significant reductions in AA production after HD exposure, by the addition of inhibitors to the enzymes Phospholipase D and Phosphotidic acid phosphohydrolase, which catalyze two of these pathways. He has seen decreases, though not extensive, in AA production by interfering with phospholipase A2, which catalyzes the third pathway. He is now optimizing conditions for the transfection of antisense oligonucleotide inhibitors into human keratinocytes for three isoforms of phospholipase A2. Once significant inhibition of AA synthesis is achieved the efficacy of using antisense inhibitors to treat and protect cells from HD injury will be assessed *in vivo* by taking advantage of skin creams under development in the private sector to deliver antisense oligonucleotide therapeutics in the treatment of other skin anomalies. This may result in a suitable self-administered treatment for sulfur mustard injury or may be incorporated into a topical barrier cream as a prophylactic approach.

CPT Jennifer Caci

Successful Transition from 72D to 72B



CPT Caci successfully completed a master's degree in entomology at the University of Delaware, showing for the first time that a number of U.S. mosquitoes are capable of transmitting the most dangerous form of malaria. She is now a commander at Ft. Polk.

LTC John van Hamont, Chief of Medicinal Chemistry Department at the Division of Experimental Therapeutics, WRAIR checks equipment in the formulations laboratory where he prepares pre-cGMP formulations of both experimental antimalarial drugs and vaccines against enterotoxigenic *E. coli*.

1LT Grace Toro, Lab Officer at Kimbrough Ambulatory Care Center, received commendation for obtaining some of the highest scores in Maryland enroute to her successful 2001 laboratory CAP survey. She also played a pivotal role in helping Barquist U.S. Army Health Clinic passing its first CAP survey in November 2001.

CPT Mark G. Hartell (MS Ohio Sate Univ, PhD Auburn University.) CPT Hartell is Drug Development Team Leader within the Antimalarial Drug Discovery and Development Program and is Analytical Chemistry Section Chief providing technical analysis and consultation to the division.

CPT Corredor demonstrates instrument set-up and use.

1st Infantry Division
Optometry Team
MAJ Muniz (Left), Chief Division Optometry
CPT Ramirez (Right), 3rd BD Division Optometrist

CPT Michael F. Ingram (Ph.D., Wake Forest University School of Medicine) - CPT Ingram exploits shikimate pathway enzymes in Plasmodium falciparum as targets for antimalarial drug discovery. His experimental design involves cloning and expressing shikimate pathway genes for use in high throughput inhibitor assays. Compounds found to inhibit these enzymes will be used as leads for development of new antimalarial drugs. CPT Ingram also belongs to a unit that performs biological weapons surveillance

CPT Victor Melendez, Jr. (PhD University of Maryland) - directs pre-clinical metabolism research in support of drug discovery and development efforts.

CPT Jeanne A. Geyer (PhD, Emory University) CPT Geyer is studying the relationship between antimalarial drug treatment and genetic instability in order to better understand the factors driving the development of DNA mutations that cause drug resistance.

Special Pays and Programs

This year has been a very successful year for the MSC with regard to the introduction and implementation of legislation and resources to secure incentives for selected MSC specialties. Specifically, we were able to introduce and fund a Pharmacy Accession Bonus, and FY02 will see the implementation of the Optometry Retention Bonus, authority for Nuclear Medicine Science Officers to receive board certification pay and a Pharmacy Special Pay. In general this section was designed to provide officers with relevant information regarding current and possible future initiatives.

Health Profession Retention-Accession Incentives Study (HPRAIS)

The National Defense Authorization Act of 2001 directed the Secretary of Defense to "conduct a review and report to the Committee on Armed Services of the Senate and the House of Representatives, not later than 1 March 2001 on the adequacy of special pays and bonuses for medical corps officers and other health care professionals. The committee directs this review because of the level of competition within the economy for health care providers and the potential devaluation of current special pays and bonuses, which could have significant impact on recruitment and retention of health care providers." The "other health care professionals" identified were Optometrists, Pharmacists, Clinical Psychologists, Dentists, Registered Nurses, Nurse Practitioners, Certified Registered Nurse Anesthetists and Physician Assistants.

The HPRAIS is being conducted by the Center for Naval Analysis. Initial findings of relevance to the Medical Service Corps point toward a significant Military Health System/ Civilian pay compensation gap for optometrists and to a lesser degree for pharmacists and clinical psychologists at various career junctures.

Special Pays and Bonuses as of FY 02

There are many Special Pay and Bonus programs authorized by public law, which do not have matching appropriations or funding. It is up to the Services to implement these programs based on need and available resources/dollars. There are several current and proposed Special Pays and Bonuses, which impact Medical Service Corps officers.

Active Duty Special Pays and Bonuses

Clinical Psychology & Non Physician Board Certification Pay

Authorized under 37 USC Section 302c

- Eligible MSC specialties include: Audiology, Clinical Psychology, Optometry, Pharmacy, Podiatry, Social Work, and effective FY02, Nuclear Medical Science Officers.
- Eligibility is determined by certification by the appropriate professional certifying board or organization, and completion of a post-baccalaureate degree in their clinical specialty.
- Varies from $2,000 to $5,000 per year based on years of creditable service within an eligible AOC.
- Rates unchanged since implemented in 1996.

Optometry Regular Special Pay

Authorized under 37 USC § 302a

- Authorizes $1,200 per year, paid monthly, for Optometrists
- Rate unchanged since implemented in 1970

Optometry Retention Bonus (ORB)

Authorized under 37 USC § 302a (b)

- Authorizes a retention pay of $6,000 per year for Optometrists executing a two-year obligatory contract.
- Approved in 2001, the Army will fund this bonus effective FY02.

Pharmacy Officer Special Pay

Authorized by 37 USC § 302i

- Pay varies from $3,000 to $12,000 per year based on years of creditable service as a Pharmacist.
- Authorizes a retention pay at locked-in rate, paid annually, for Pharmacists executing a two-year obligatory contract.
- Approved in 2001, the Army will fund this bonus effective FY02.

Critical Skills Retention Bonus

Authorized under Section 633 of The National Defense Authorization Act for Fiscal Year 2001 (37 USC § 323)

- Officers with a designated critical military skill may be paid a CSRB if the officer executes a written agreement to remain on active duty for a designated period. The agreement shall not carry the member beyond completion of his or her 25th year of service. A member may enter into more than one CSRB agreement during a career, but no more than $200,000 may be paid to an individual member in CSRB payments over a career
- Critical military specialties are those essential to the accomplishment of a defense military mission, with demonstrated personnel shortages that negatively impact the successful accomplishment of that mission, and having high training investment or replacement costs.
- Includes Medical Service Corps officers; however, specialties/AOCs to be determined based upon the needs of the Army.
- Department of Defenses has not given the Services authority to implement this bonus.
- An non-funded requirement in FY02

Accession Incentives

Pharmacy Officer Accession Bonus

Authorized by 37 USC § 302j

- Direct accessed civilian pharmacists may be offered an accession bonus of $10,000 in exchange for a 4-year Active Duty Service Obligation (ADSO).
- Funding in FY01 came from other unexecuted funds.
- Currently remains an non-funded requirement in FY02 for 16 accession bonuses. However, in FY02 we will again be able to fund the accession bonus using unexecuted funds

Health Professions Loan Repayment Program

Authorized under section 651 of the National Defense Authorization Act for Fiscal Year 1998.

- Will offer civilian Pharmacists student loan repayment of up to $109,000 in exchange for a 4-year ADSO.
- This is an non-funded requirement for FY02. However, FY02 funding for this program will come from unexecuted Pharmacy Health Professions Scholarship Program funds.

Medical Allied Sciences

COL Robert K. Gifford

Providing biomedical leadership for the United States Army, the Medical Service Corps' 284 Laboratory Science Officers, MFA 67B, serve in one of four AOC's: 71A (Microbiology, Parasitology, and Immunology), 71B (Biochemistry and Physiology), 71E (Clinical Laboratory), and 71F (Research Psychology). Collectively, they work to assure the readiness of our fighting forces by engaging in clinical laboratory support, preventive services, and research and development to assure survival against chemical and biological weapons, disease, trauma, combat stress, and environmental threats. Officers in MFA 67B are assigned to both fixed facilities and TOE units, and, because of their specialized scientific skill, also often deploy on special teams tailored to address specific problems in a theater of operations.

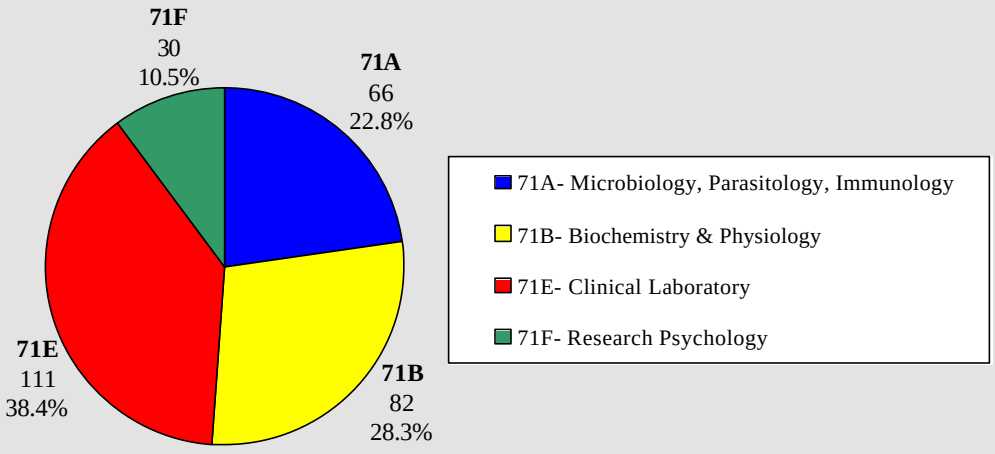
All Laboratory Science AOC's require either advanced degrees or special certification beyond the baccalaureate degree. Consequently, both ROTC and direct commissioning are important sources of accessions for MFA 67B. Each year, a number of officers in the MFA further advance their skills and credentials through the AMEDD Long Term Health Education and Training program.

Today, all four AOC's are strong, in terms of both the quality of the officers currently serving and the ability to continue to recruit outstanding people to join our ranks. Maintaining this level of quality, and ensuring adequate force structure, will be critical as we face a future that is both exciting and challenging. Twenty-first Century warfare will place even greater demands on laboratory scientists than previous wars. In the wake of the attacks of 11 September 2001, the whole nation is now facing the reality of predictions that Army laboratory scientists have been making for years. As always, MSC scientists will be at the forefront as the Army once again rises to meet the threat.

Professional Organizations

Laboratory Science Officers belong to a wide variety of national and international professional associations representing their various disciplines, and maintain close contact with their civilian colleagues through these organizations and by publishing in professional journals. In addition, many belong to the Society of Armed Forces Medical Laboratory Scientists (SAFMLS), which meets annually. SAFMLS maintains a Web site at www.safmls.org.

Medical Allied Sciences
289 Active Duty Officers



71A Microbiology, Parasitology, Immunology

COL Wilbur Milhous, Consultant

In May 2001 CPT Scott Riddell became only the 4th officer in the history of the AMEDD (1st Company Grade officer) to successfully complete board certification for diplomacy by the American Board of Medical Microbiology (ABMM). Our long term goal is to have an ABMM board certified microbiologist at each of our MEDCENs. The ABMM was created to test the expertise of microbiologists wishing to direct and manage clinical or public health microbiology laboratories. ABMM certified individuals (Diplomat) are deemed capable to direct diagnostic microbiology laboratories in lieu of a pathologist and such certification is recognized under the Clinical Laboratory Improvement Act (CLIA) '88 final rule. Doctoral level scientists who meet defined educational, training, and work experience requirements are eligible to sit for certification. Three officers have now completed formal fellowships offered through the LTHET and eligible for the Part I written and Part II oral examinations. One officer has applied for next years fellowship. These exams rigorously challenge candidates regarding both their knowledge of diagnostic microbiology and their ability to respond to clinical and theoretical problems encountered by a laboratory director. Certification by the American Board of Medical Microbiology represents the highest credential available to practicing medical microbiologists. MAJ Helen Viscount was the recipient of the this years AMEDD Award of Excellence in Allied Health Care and became the first medical microbiologist to win this award.

LTHET

The MS degree is required as a minimum for entry level clinical or applied research positions as section heads (four positions at Madigan, Brooke and Landstudl and AFRRI). The Chief of the microbiology lab in Medical Centers requires a PhD and ideally should be board certified using the ABMM process described above. Doctoral Degree is a requirement for all research and development positions from principal investigator, to Department Chiefs, Division Directors, Research or Product Managers or Institute Directors (commanders). For career progression in either clinical or research disciplines, all scientists should have doctoral training to be competitive with their peers. During this FY we had two doctoral starts and there are two applications for next FY.

TWI

The regulatory issues in drug, vaccine and device development are constantly evolving. No current active duty officer in the AMEDD has direct experience with the regulatory issues in drug development. For next FY we have one applicant who will participate in the TWI program at the Food and Drug Administration. We believe a very effective way to leverage the FDA's knowledge in our unique setting, would be to allow U.S. Army personnel to gain "hands-on" regulatory experience. Such experience will allow optimization of the U.S. Army's product development paradigm. The objectives of a fellowship will include the following: 1) Review past, current, and future regulatory issues that must be addressed by the AMEDD, 2) Identify critical and rate limiting steps in the regulatory process, 3) Through experience at the FDA, implement "stepwise refinement" of the US Army's product development program..

Status of R&D

In research development our laboratory scientists have continued to provide a unique prospective of medical research mission requirements for the detection, prevention and treatment of infectious diseases as well biological warfare threats. With the fall of the Soviet Union, the new world order will require deployments of American soldiers to diverse geographic regions (Kosovo, Bosnia, Somalia, Rwanda, Haiti) with diverse threat agents. Given the ubiquitous geographical distribution of these diseases and availability of various threat agents to third world countries, you can be assured that these diseases will cause more casualties than any bombs or bullets in the next deployment. At this years Society of Armed Military Laboratory Sciences, the senior leadership of the USAMRMC and AFRRI presented a symposium entitled "Is R&D for me? Who we are, what we do and why we wear green suits."

The R&D mission is highly product driven with special emphasis on drug, vaccine and rapid diagnostics development. Since there is no interest or profit motive in the private sector, the financial and intellectual burdens of product development in these areas has fallen entirely on the USAMRMC. Successful drug and vaccine discovery and development against threat agents is an extremely long and complex process which can only result from a stable program with a critical mass of MSC scientists focused on the important objective of protecting American soldiers. We still require the same critical mass regardless of the size of the Army. It takes the same number of scientists to design products for a small Army as it does a big one.

MSC scientists must continue to play a pivotal role in determining the destiny of these major research programs. We need promotion opportunities down stream. We recruit scientists who can do science right," but we need senior scientists who know how to do the right" science right." These officers serve as mentors for the young MSC's, nurture the academic freedom required for successful scientific discovery, and teach and instill the military relevance of their programs. In addition to mentoring researchers, these officers have formal

teaching responsibilities for the management of chemical, biological and radiological casualties.

Our MSC predecessors were smart enough to support and defend our programs and its scientists. Because of the vision, hard work and expertise of some superb R&D scientists, we now have new antimalarial drugs like Mefloquine, Halofantrine, Tafenoquine and the Hepatitis A vaccine. Rapid deployable diagnostics for biological warfare threats are under development and a malaria diagnostic "dipstick" is currently being evaluated for FDA approval. Other innovations include topical and systemic treatments for Leishmaniasis.

Field medical assistants, logisticians, pilots, medical planners and administrators have an obligation to conserve the fighting strength by providing superior medical capability for quality casualty management in future deployments. MSC Bio-Medical Scientists have the commitment to prevent those casualties from occurring or to provide the best treatment modalities if they do occur.

71B Biochemistry & Physiology

COL Aaron Jacobs, Consultant

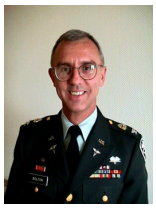
The 80 biochemists and physiologists in AOC 71B provide the Army with scientific expertise and leadership. Most 71B's hold a doctoral degree in biochemistry, physiology, or a closely related discipline, and all have at least a master's degree. The current standard for accession into the AOC is a Ph.D. They are assigned to research and development laboratories, hospitals, Forensic Toxicology Drug Testing Laboratories (FTDTL), CHPPM, and the TOE Theater Area Medical Laboratory (TAML). The areas of expertise they bring to these assignments include defense against chemical and biological warfare weapons, research into drugs and vaccines, protection against environmental threats, nutrition, forensic drug testing, medical intelligence collection and assessment, teaching, and hospital-based clinical and basic research.

Maintaining adequate numbers in an era of expanding missions combined with military downsizing is a challenge for AOC 71B. The projected fielding of Area Medical Laboratories to assume the TAML mission will require an increase in the number of 71B's, and the FTDTL's need more uniformed biochemists. It is not clear where the authorizations or the actual bodies for the extra 71B's can come from. The Army has been highly successful in attracting talented scientists to this AOC, with all accessions for the last three years already holding their Ph.D. degrees before entering the Service. However, the excellent marketability of our officers in the civilian sector makes retention a constant issue.

Like many other AOC's, 71B also has to cope with problems of mentoring and career development in a downsized Army. Downsizing has left some organizations that used to have two or three 71B's only "one-deep," which means that the remaining incumbent needs as least a doctoral level of expertise to function, and mentoring opportunities are very limited. Developmental assignments that previously prepared officers for some higher level positions have been lost, raising further questions of how younger officers will get the experience they need to prepare for those positions.

71E Clinical Laboratory

COL James Bolton, Consultant



Much like Sam Walton described Wal-Mart employees, clinical laboratory officers are a bunch of ordinary people doing extraordinary things. You can find laboratory officers managing daily operations in clinics, hospitals, and medical centers worldwide; running blood donor centers; serving as Blood Platoon Leaders in medical logistics battalions; teaching enlisted personnel at the AMEDD Center and School; working combat and doctrine development issues to meet wartime mission requirements; supporting cutting edge research; and serving in senior level staff positions.

Laboratory officers are Medical Technologists trained in the discipline of clinical laboratory medicine. During an average day in Medical Command they oversee the performance of over 52,000 clinical tests and annually they supervise the collection, processing, distribution, and management of approximately 55,000 units of blood.

The current Objective Force Model provides for a budgeted end-strength of 98. Sustainment of the model is achieved primarily through the direct accessions program and the AMEDD's Clinical Laboratory Officer Course. Basic entry requirements for AOC 71E include a bachelor's degree in Medical Technology or a related biological science, certification as a Medical Tech-

nologist by a nationally recognized accrediting agency acceptable to The Surgeon General, and at least one year's experience as a practicing Medical Technologist. To date, recruitment and retention have not been major issues. The many opportunities for clinical laboratory officers make it an excellent and sought after career choice.

LTHET

Long Term Health Education and Training opportunities abound for clinical laboratory officers. Programs at the Master's degree level include Medical Technology, Healthcare Administration, and the Blood Bank Fellowship. Programs at the PhD level include Medical Technology/Pathology, Immunology/Immunohematology, Clinical Microbiology, and Clinical Chemistry. Officers completing a program in either Clinical Microbiology or Clinical Chemistry will be reclassified to the respective AOC for that discipline.

Opportunities

Other exciting opportunities include working as integrated systems managers in Army healthcare facilities; managing people and resources; implementing policies and practices to combat bioterrorism; supporting the warfighter; and engaging in pioneering medical research. It's a great time to be in the Army.

MAJ Rex Berggren, 71E

71F Research Psychology

COL James Romano, Consultant

The mission of Army Research Psychologists (AOC 71F) is to conduct research into psychological, psychosocial, and behavioral issues affecting soldier health and performance. There are twenty-seven 71F's on active duty. Most of them serve in the Medical Research and Materiel Command.

All 71F's are required to have Ph.D. degrees in psychology or a closely related field and enter active duty as captains. They bring a wide variety of backgrounds to the AOC, including neuroscience, physiological psychology, cognitive psychology, organizational/ industrial psychology, and social psychology. Some assignments clearly require a specific sub-discipline such as neuroscience, while others are more general in nature.

Highlights of the Past Year

71F's have performed work in all of the areas of their representative backgrounds, with a unique linkage to Army Applications. They have supported a globally engaged Army.

The types of research 71F's perform is diverse and includes both laboratory and field applications. For example, 71F's are currently studying how high Operations Tempo and/or military stressors impact on key military readiness issues, such as physical and psychological health, performance, retention in the Army, family quality of life, and family satisfaction. 71F's are conducting longitudinal studies concerning weight-loss, body composition, and fitness among military personnel. They also are examining how to enhance individual survivability through the use of pharmacological interventions to sustain performance during continuous operations and are using cutting edge technology to predict the impact of sleep history on cognitive performance. Others are developing pharmacological intervention strategies to prevent the propagation of injury in neural tissue following traumatic brain injury. Some utilize their behavioral neuroscience background to understand subtle effects, if any, of repeated exposure to low doses of nerve agents. Still others are determining the behavioral consequences resulting from exposure to chemical and biological threats and how pharmacological pretreatment and treatment strategies protect our soldiers from such threats. Their research efforts addressing the unique stressors found in military operational environments have had a direct and positive impact on soldier health, readiness, training, performance, and the development of doctrine.

At more senior levels, 71F's have served as commander and deputy of scientific/technical organizations, deputies at major subordinate commands, and as Assistant Corps Chief, MS. These officers brought the benefit of their successful research experiences and assignments to their leadership positions and added value to their organizations.

Challenges

At present, the Army has no problem attracting highly qualified candidates as 71F's. We easily fill our small recruiting needs with direct recruits and ROTC cadets who pursue doctorates on educational delays. Indeed, we turn away several excellent candidates for commissions each year, and the quality of our junior officers is extremely high. Because our numbers are so small, we are approaching a critical mass problem. In this past year many organizations have made requests for reviews of 71F's, as they have found them valuable to the mission. Often authorizations are not associated with these requests, so several have gone unfilled. As long as the US Army tackles diverse challenges relying on optimal performance of soldiers, there will be requirements for 71F's.

Headquarters, Department of the Army Research and Development Achievement Award CPT Stephen T. Hobson

Capt. Stephen T. Hobson, of the US Army Medical Research Institute of Chemical Defense (USARICD), Advanced Assessment Branch, received a Department of the Army Research and Development Achievement Award for 1999 research accomplishments at this year's Army Science Conference, held in Baltimore in December 2000. Capt. Hobson, with collaborators Dr. Ray Yin, US Army Research Laboratory, and Dr. H. Dupont Durst, US Army Soldier Biological and Chemical Command, has improved the existing topical skin protectant (TSP) by incorporating nanometer scale reactors (nanoreactors) into the current TSP matrix. The resulting reactive creams can provide protection against all of chemical warfare agents, both liquid and vapor exposures, for as long as 22 hours, thus providing the warfighter with better operational capabilities.

Capt. Hobson received his BS (*cum laude*, 1992) in analytical/inorganic chemistry from Wheaton College, Wheaton, Illinois, on scholarship from the US Army Reserve Officer's Training Corps, and his PhD (1997) in chemistry from the University of California, Irvine. He was assigned to the USAMRICD in 1998 after completing the Officer Basic Course. While at MRICD, Capt. Hobson has established an Organic Synthesis Laboratory that not only provides general synthetic support to the institute, but also has an active research program in solid and solution phase synthesis of pyridinium oximes, amino phosphonates, and peptidomimetics. In addition, Capt. Hobson has been instrumental in establishing a QSAR (quantitative structure activity relationship) study of pyridinium oximes and other medical countermeasures to chemical warfare agents.

In October 1998, Capt. Hobson began work on the Reactive Topical Skin Protectant (rTSP) at MRICD and became the technical lead in the selection, evaluation, and analysis of reactive moieties and in the formulation of rTSPs. His collaboration with Dr. Yin and Dr. Durst began in late October 1998. As a result of this collaboration, the development of dendritic nanoreactors as reactive components in rTSPs has been recognized at the Milestone 0 In Process Review.

CPT Steve Hobson of USAMRICD, along with collaborators from Edgewood Chemical Biological Center (ECBC) and Army Research Lab (ARL), has been working on the development of an active topical skin protectant, which would be a leap ahead in protection over the first generation TSP cream, which uses a mixture of polytetrafluoroethylene and perfluorinated polymers. That first generation cream, called SERPACWA (Skin Exposure Reduction Paste, Chemical Warfare Agent) is quite effective against liquid vesicants and nerve agents for up to six hours. However, it does not perform as well against sulfur mustard vapors. For the past year, CPT Hobson has been incorporating nanometer scale reactors (nanoreactors) into the existing SERPACWA matrix. The resulting reactive creams can provide protection against all of CWA's and extend the protection time. Such nanoreactors, ranging from 5 to 100 nm in diameter, are uniformly dispersed into the base cream matrix. Within each nanoreactor are highly concentrated and reactive functional groups that are capable of decontaminating all residual chemical agents that are not rejected by the base TSP creams during the initial contact. With the addition of as little as 1% of such nanoreactors and water, these reactive TSP creams can now protect warfighters against both liquid and vapor CWA challenges for as long as 22 hours, thereby providing the warfighter with better operational capabilities.

CPT Steve Hobson examines reactive chemical which can be incorporated into skin creams and protect soldiers from CWA exposure. CPT Hobson was awarded the prestigious Army R & D Achievement Award in 2000 for his work.

CPT Haby Ramirez

CPT Haby Ramirez, European Regional Medical Command (ERMC), was named the grant holder and principle investigator for the ERMC Remote Teleoptometry Project, which will establish a network of ten sites in Europe and the Middle East capable of transmitting digital images for consultation. This telemedicine project addresses patient access difficulties that exist for the fields of optometry, ophthalmology and neuro-ophthalmolgy in the unique and widely dispersed ERMC Region. The technology will benefit deployed active duty personnel, as well as those stationed at isolated, fixed facilities in Europe. Digital slit lamp cameras provided to remotely located ERMC facilities are expected to improve accessibility and decrease the cost of eye and vision care.

CPT(P) John Leso

CPT(P) John Leso attended The "Second Encounter for Human Behavior," a conference sponsored by the Colombian Armed Forces. CPT (P) Leso and CPT(P) Steve Lewis, a social work officer, provided presentations on he following topics: 1) US Army suicide prevention programs; 2) US Army alcohol and drug abuse prevention and treatment programs; 3) aviation psychology; and 4) battle fatigue and risk factors for post-traumatic stress disorder; 5) primary prevention of combat stress reactions. CPT(P) Lewis and CPT(P) Leso received a letter of appreciation from General Alfonso Ordonez Quintana, Chief of the Colombian Armed Forces Joint Staff acknowledging their contributions to the conference and to the welfare of the soldiers of the Colombian Armed Forces. Additionally, CPT (P) Leso presented at the 48th International Congress of Aviation and Space Medicine in Rio De Janeiro, Brazil, on the topic of "Behavioral Health Prevention and Treatment Initiatives in U.S. Army Aviation." The President of the Congress, Brazilian Vice Admiral Marco Antonio Montenegro, personally expressed his gratitude to CPT(P) Leso for contributing to the event. CPT(P) Leso's presentation was published in the *U.S. Army Medical Department Journal*.

CPT Patterson Taylor

CPT Patterson Taylor was hand selected to serve as the USAMRICD representative during the baseline exercise RESTORE OPERATIONS (RESTOPS) Advanced Concept Technology Demonstration (ACTD) Baseline Exercise conducted at Osan Air Base, Republic of Korea from 5-22 February 2001. Prior to departing for Korea, he studied manufacturer specifications on new technological devices that are under consideration for development in support of the Joint Service Chemical and Biological Defense Program. CPT Taylor also attended a meeting to down select the most promising new products based on military relevance and scientific data on product performance in critical areas and provided input on prioritizing the development of these new technologies. Upon arriving at Osan Air Base, CPT Taylor served as a member of the medical working group assessment team in support of the RESTOPS ACTD baseline exercise. The RESTOPS ACTD baseline was conducted in order to characterize the base's ability to respond to chemical and biological attacks. The critical data that he collected as a member of the assessment team when combined with data from future RESTOPS assessments will impact the acquisition of chemical and biological defense technologies for years to come. The RESTOPS baseline assessment was the largest chemical/bio exercise ever conducted under the sponsorship of an ACTD and was considered an unqualified success. The professionalism and teamwork that CPT Taylor demonstrated in support of this exercise during the harsh conditions imposed by the Korean winter directly contributed to its success. His outstanding dedication to the Institute and willingness to represent the Institute strengthens our position as the recognized leader in biomedical research. His performance reflects great credit upon him, the United States Army Medical Research and Materiel Command, and the United States Army.

CPT Noel C. Pace

CPT Pace matriculated at the U.S. Army-Baylor University Graduate Program in Healthcare Administration at Fort Sam Houston, Texas. He completed 60 graduate credit hours of healthcare management training while maintaining a 3.9 grade point average and attained over a 100% average in three classes. For his outstanding research ability his team was selected as the first place winner of the prestigious McGaw Scholarship competition for their work on meningitis.

During his residency at Evans Army Community Hospital, Fort Carson, Colorado CPT Pace wrote an outstanding graduate research paper that uses the business case analysis process in an effort to recapture high cost orthopedics workload. CPT Pace's in-depth research and expert application of sound healthcare business practices demonstrated that an initial investment of approximately $295,000 in personnel and resources to recapture orthopedics workload from the TRICARE contractor can save the government approximately $330,000 net in healthcare costs.

COL Bill Davies

COL Bill Davies, TMA, DOD Pharmacy Program Manager, implemented NDAAo1– TRICARE Senior Pharmacy Program.

MSC Contributions

MAJ Amy Korman, Medical Entomologist (72B). She is working with two Kenyan technicians in Kilifi, Kenya, on the Indian Ocean coast. The project involves looking for the urban mosquitoes that transmit dengue fever. She is also assigned to USAMRU-K.

SMART PM Team
Kneeling: MAJ Shawn Boos,
CPT Carlos Corredor
Standing: CPT Clay Miller,
SSG Joel Marcrum ,
CPT Chris Johnson,
LTC Linda Bowden,
LTC Zia Mehr

Captain Heidi Hoffman (left) assumed command of the Medical Company, USAMEDDAC, Fort George G. Meade, Maryland and continued to provide the same level of competent leadership established by the outgoing commander, Captain Richard Wilson (right). Captain Wilson departed for long-term schooling and is the University of Pittsburg getting a Master's degree in Informatics.

CPT Daniel A. Nichols (PhD Univ. of Florida) - CPT Nichols (seen here analyzing a TLC plate) coordinates and directs the synthesis, purification and analysis of new candidate drugs for the prevention of malaria.

MAJ Suping Jiang (PhD Miami Univ), Assistant Department Chief of Immunology and Medicine, Armed Force Research Institute of Medical Sciences, Thailand - MAJ Jiang is a principal investigator in the Antimalarial Drug Discovery Program and conducts researches on the identification of new antimalarial drugs and their mechanisms of action.

CPT Gellasch, 72D, Environmental Science Officer conducting a well drilling operation to determine underground water contamination. CPT Gellasch is currently stationed at the USAMA as an instructor in the Department of Geography and Environmental Engineering.

1LT Eric R. Fleming (MS University of North Carolina, Chapel Hill) – is initiating a project using serial analysis of gene expression to investigate differential RNA profiles of plasmepsin inhibited Plasmodium falciparum.

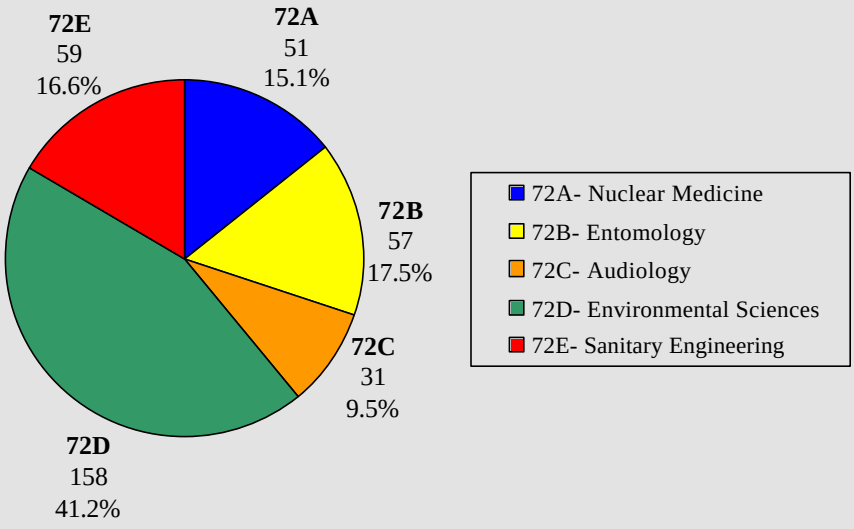
Sanitary Engineering

COL Hershell (Hew) E. Wolfe

The Medical Service Corps Area of Concentration (AOC), 67C- Preventive Medicine Sciences Officer, is composed of five Medical Functional Areas (MFAs.) These five MFAs (72A-Nuclear Medicine Science, 72B- Entomology, 72C- Audiology, 72D- Environmental Science, 72E- Sanitary Engineering) support the AMEDD's Preventive Medicine program though policy, practice and research.

Each MFA consultant contributed an overview of key success stories this year, challenges for the near and far term, and initiatives to meet these challenges. Emphasis was placed on retention and recruitment actions to attract and retain quality officers to support the AMEDD's Preventive Medicine programs. When possible, success stories of individual officers were included.

Sanitary Engineering
356 Active Duty Officers



Professional Organizations

American Public Health Association

Health Physics Society

Entomology Society of America

American Academy of Audiology

National Environmental Health Association

Water Environment Federation

American Academy of Environmental Engineers

Reference Website

WWW.APHA.ORG

WWW.HPS.ORG

WWW.ENTSOC.ORG

WWW.MILITARYAUDIOLOGY.ORG

WWW.NEHM.ORG

WWW.WEF.ORG

WWW.ENVIRO-ENGRS.ORG

72A Nuclear Medicine

COL William Johnson, Consultant

In the past year a Nuclear Medical Science Officer (72A) was for the first time assigned to the US Army Chemical School. This officer has been instrumental in providing AMEDD NBC-E expertise to the Chemical School. Significant changes have been made in revising outdated training and doctrine. The formal training course for unit Radiation Protection Officers throughout the Army is under total revision; a basic course and an advanced course are now in draft form. Another initiative staffed and approved resulted in changing the basis of allocation to provide beta/gamma survey equipment (AN PDR 77 & RPO Kit) to MEDCOM TDA and TOE units. This resulted in a significant improved capability to monitor low level radiation environments in support of troops during all types of operations.

The Medical NBC Battle book, USACHPPM Tech Guide 244

The guide addresses operational health concerns where NBC threats exist. It provides excellent basic guidance on a wide range of issues including the health effects of NBC threats, protective clothing and measures, and management of NBC casualties. The guide is designed for AMEDD Soldiers and troop training. DOD units, the US State Department, and other NATO Countries have requested copies and are using the information provided in this guide.

Support of Depleted Uranium Issues

The U.S. State Department requested that a 72A Officer be attached to a UN Team on Depleted Uranium (DU) serving as the U.S. expert on DU issues. The UN team surveyed sites where DU munitions were used. The 72A Officer efforts resulted in a balanced report on DU hazards. The same Officer is a member of the WHO Committee drafting a Report on the Health Effects of Uranium and DU, and has been active with the International Atomic Energy Agency (IAEA) to develop a DU Web Page to be used by individuals in areas where DU rounds have been used. In February 2001, a 72A presented a briefing at NATO HQ on DU long term health risks; the information provided a counter balance to misinformation on DU health risks and aided in the NATO discussion on the future use of DU use by NATO forces.

Support of Clinical Operations

This year there were no major violations noted by the Nuclear Regulatory Commission (NRC) of any of the AMEDD NRC Medical Licensees. Nuclear Medical Science Officers provided NRC License oversight for use of radioactive materials used in diagnostic and therapeutic treatment of patients and human use research at 9 MEDCENs and 7 MEDDACs. In addition, 72A's provided radiation protection services throughout the AMEDD and the Army. These services significantly contributed to worker safety, improved image quality and radiographic quality assurance, and ensured that all Federal Regulations and JCAHO requirements relating to radiation protection were met.

Active Recruiting Efforts

Nuclear Medical Science Officers (72A's) are seeking out opportunities to visit graduate schools in their areas to present AMEDD opportunities to graduate students with the emphasis on the 72A specialty. We are also screening 70B's with appropriate undergraduate or graduate degrees. After their first tour of duty, they may request to change their AOC to 72A based on qualification and size of their promotion year group. The Radiological Hygiene Consultant is actively representing the specialty at professional meetings throughout the year. Attendance at professional meetings in uniform result in many requests for AMEDD health physics career possibilities.

LTHET as a retention tool

The minimum requirement for award of the 72A AOC is a Master's Degree in an appropriate subject. The Master's requirement is waived for individuals with an appropriate BS degree. These individuals after completing the AMEDD Advanced Course apply for the LTHET for an MS degree. One of the main reasons they apply for active duty is the opportunity for LTHET. It is a great recruiting tool and retention tool. Those individuals with MS degrees also are aware of the PhD LTHET opportunities. The LTHET program for 72A's is critical element of recruiting and retention.

New Force Health Protection Requirements

Presidential Review Directive #5, DODI 6055.1, and numerous International and U.S. reports requires medical surveillance of occupational exposures to include radiation for the life of the soldier. These requirements exceed current TDA and TOE capabilities. Changes in equipment, skills, and organizational changes will be required to support this directive and trend.

Past Years Successes:

** AMEDD & US Army Chemical School Coordination on NBC-E Issues*
** The Medical NMC Battle book*
** Support of Depleted Uranium Issues*
** Support of Clinical Operations*

Reference Website:
WWW.APHA.ORG

72B Entomology

COL Dan Strickman, Consultant

During the last year we have recruited five of our six allotted entomologists and a sixth candidate is likely to be recruited during this fiscal year. USAREC has been very active about enlisting the help of active duty and reserve Army entomologists to speak at universities, meetings, and recruiter training sessions. The main theme of our recruiting effort is that the Army is a great place to practice professional entomology throughout a career, from lieutenant to colonel. Given the focus of most entomology graduate students on "bugs," this sincere message has appeal for those who fear a career path leading to pure administration.

Compassionate Reassignment

Unfortunately, one of our officers had to be medically evacuated from a command in Korea and another had to be reassigned for the health of his son. The Army system worked for both soldiers, getting them to assignments close to the right medical care. Both have completed a very successful year on the job, in the one case leading an entirely new program to design better dengue vector control and in the other to write a guide to identifying dengue vector mosquito larvae. CPT Herman stepped up to the plate to take the command in Korea in a real example of putting Army duty above personal concerns.

Pest Management Workshop

Despite funding challenges, we were supported in conducting this workshop at Naval Air Station Jacksonville. The Navy has hosted this meeting each three years in a facility which has excellent conference facilities and accommodations at minimal cost. The Tri-Service meeting is the premier military entomology meeting, integrating the efforts of all three services at all levels for civilians, reservists, and active duty.

Application of GIS to Pest Surveillance

The CHPPM DCA's have begun using Global Information Systems to plot routine pest problems on installations. This is an outstanding example of application of the latest technology at a practical level by the military. It is the "digital battlefield" applied to bugs.

Coordinated Malaria Vector Surveillance in Korea. With COL Klein's leadership, the preventive medicine detachments in Korea have systematically tested a number of methods of sampling the malaria vector mosquitoes there.

Assignment of Active Duty Advisers to LTHET Students

There is a tremendous need to make this program a vigorous one. We have assigned advisers to students, but there is a need for continued emphasis on their close involvement.

Assignment of Active Duty Sponsors to OBC Students

In order to make sponsorship more seamless, active duty sponsors were assigned to OBC students. It is hoped that this will alleviate any sense of abandonment and disorientation during the period when the consultant is less involved.

Active Use of Reserve Representative

Recruiting efforts for the 72B for the Reserve Component is an active on-going process. The Reserve representative is now involved with a review of applicants qualifications to determine eligibility qualification for appointment considerations.

Reference Website:
WWW.ENTSOC.ORG

72C Audiology

COL Richard Dennis, Consultant

Army Audiology continues to protect and sustain the force through Hearing Conservation, Medical Service, Research and Development. Significant contributions of the 72C to the Army during the past year include:

Hearing Conservation

Establishment of Medical Expense and Performance Reporting System (MEPRS) code for Hearing Conservation services - 'FBN'. This code allows HC services to now be reported at MEDCOM-level because this workload is no longer captured under other clinical MEPRS codes (e.g., Audiology, Occupational. Health). This code further demonstrates that prevention (HC services) cost substantially less than medical care (clinical Audiology services). For FY00, costs of HC services reported under the new FBN code were more than $11 million **less** than costs would have been if provided under the clinical Audiology code ('BHD'), as in the past.

Deployments

Deployed HC consultant (CHPPM-Europe) to Task Force Eagle in Bosnia to initiate the establishment of a formal hearing conservation program US

Army soldiers and employees in Multi-national Division (North). Previously deployed to Tirane, Albania in support of TF Hawk, and continues to maintain support for deployed American forces in Kosovo.

Earplugs

Introduced new combat arms earplug to more effectively prevent hearing loss.

Hearing Loss Compensation

Of all military services, the Army has the fewest hearing loss compensation cases for DA civilian employees, and the lowest percentage of new major disability claims with the VA for soldiers with service-connected hearing loss. This trend continues, despite the fact that the Army employs the greatest number of personnel in DoD.

Medical Service

Force Protection information and earplug fitting routinely provided to soldiers before deployment. Such briefings decrease DNBI, sustain a deployable force, and support Commanders in fulfilling requirements.

The 72C continues to be a leader among the Medical Service Corps, as evidenced by the diversity of secondary duty assignments held by 72C officers, including:

- Chief, Preventive Medicine Information Systems
- Deputy Commander, USAMRMC
- Congressional Liaison Officer
- Manager, Tri-service Hearing Conservation Program Data Repository
- Commander, Kitzingen Health Clinic (pending final approval of Corps Chief, MSC)

The 72C oversees ROTC Summer Camp hearing physicals, thereby screening future officer candidates before they are accessed on active duty.

Research and Development

Army Audiology maintains an active auditory research program to develop technology to increase survivability of the warfighter. Auditory research projects completed within the past year include:

- Binaural helmet (1997 – 1999)
- Auditory detection and localization of landmines; signal design and auditory training (1998-2000
- Enhance listening ability with helmets, hearing protection devices and night vision devices (1996 – 2000)
- Bone conduction communication (1998 – 2000)
- Detection and localization of sound in virtual auditory environments (1995 – 2000)
- Reevaluation of hearing loss criteria for the U.S. Army (1999 – 2000)
- For soldiers with hearing loss, the Speech Recognition in Noise Test was developed is used by the 72C to objectively assess the ability of soldiers to continue to perform in an MOS without jeopardizing safety of self or others, due to hearing loss.

The challenges for the Army Audiology are enormous, but so are the opportunities. The 72C seeks to continue to increase our value to the Army and the Army Preventive Medicine Team. To accomplish this, we must transition the 72C with the profession of Audiology to a doctoral-entry level. Future accessions will undoubtedly be required to have a 4-year post-bachelors degree – either the PhD or clinical AuD. This may already be presenting recruitment challenges because of decreased salary opportunities for qualified applicants with the doctoral degree.

Personnel (assignments, accessions)

Noise-induced hearing loss remains one of the Army's primary DNBI. The 72C must continue to be assigned within the Preventive Medicine Activity at Army installations, where they can optimally support the Force Protection Model of Medical surveillance and support the Hearing Conservation mission. Further, the 72C must continue to seek opportunities to further advance Army Preventive Medicine within other areas of the PM career field, e.g., serve as C, PM Service, command CHPPM PM Detachments, Research.

AMEDD C&S, Academy of Health Sciences

Convened Critical Task Selection Board for the 91BP2 ASI. The work done by this board resulted in the revision of an unwieldy 100+ task list to an approved 35 critical tasks. The newly

approved tasks are being developed to be compatible for use in the Automated Systems Approach to Training (ASAT) database as the AHS move towards compatibility with the TRADOC training model.

Initiatives

Continue to utilize "Training-with-Industry" as an option for continuing education of 72C. Presently have a 72C in a one-year TWI assignment with National Institute of Safety and Occupational Health (NIOSH).

Assign 72C to newly established 72C authorization; assigned to CHPPM-EUR with duty at Heidelberg, Germany.

Maintain active auditory research program to improve soldier performance by increasing soldier protection from noise induced hearing loss, increasing ability to detect enemy's acoustic footprint, and reducing communication workload. Projects currently underway that are designed to accomplish this include:

- Develop multi-channel speech communication using spatial audio displays (1994 – 200)
- Combat Sound Training (FAME - Familiarization, Acquisition, Monitoring, Evaluation) (1997 – 2003)
- Sound source detection in an open space (1999 – 2003)
- Auditory distance and depth estimation (1999 – 2003)
- Maintain our initiative to provide the opportunity to earn the Clinical Doctorate (AuD.) through distance learning. The 72C AOC will graduate its first AuD's this year.

Reference Website:

WWW.MILITARYAUDIOLOGY.ORG

72D Environmental Sciences
72E Sanitary Engineering

COL Hershell Wolfe, Consultant

FORSCOM Joint Medical Surveillance Training Assistance Visits (JMS TAV). In FY00, all 19 FORSCOM preventive medicine elements (medical detachments; Division, BDE, and ASMB PVNTMED Sections) were provided weeklong technical training to prepare these units to fulfill new joint medical surveillance requirements dictated by DoD. This training has received virtually unanimous praise by recipients and is hailed as an important first step in improving the readiness of the Army's preventive medicine units. This training is in direct support of Presidential Review Directive #5, DODI 6055.1, and DODI 6490.3 and introduces new material solutions to conduct surveillance in the field that is not currently organic to any MTOE unit.

RTS-Med Site Support

In FY00, the USACHPPM Subordinate Commands initiated routine training support to RC units training at Fort McCoy, WI; Fort Gordon, GA; and Camp Parks, CA. This support has been so well received, that USARC is currently exploring a means to preposition preventive medicine equipment at each RTS-MED Site in order to facilitate training.

Improvements to Drinking Water Surveillance Equipment

In response to deficiencies identified in currently fielded equipment, CHPPM identified commercial, off-the-shelf (COTS) water testing equipment for ODCSLOG, USAMMA, and the AMEDD Center and School that costs less money, and provides greater mission capability, than the existing Water Quality Analysis Set - Preventive Medicine (WQAS-PM).

Preventive Medicine Support to East Timor

This year, MAJ Mike Dell'orco, Exchange Officer to the Surgeon General, Australian Defense Force and 1LT(P) Jacqueline Smalls, Environmental Science Officer at Tripler Army Medical Center deployed to and supported relief efforts to East Timor. MAJ Dell'orco compiled, analyzed and published health surveillance data on ADF forces in both East Timor and Bougainville, while LT Smalls' participation in The United States Support Group – East Timor, coordinating and providing oral polio vaccines to children, was a feature article in the January 2001 Mercury.

Preventive Medicine Support in Bosnia / Kosovo

PM Detachments and Sections have been performing their duties non stop. They are conducting base camp inspections, working with CHPPM on industrial hygiene and safety issues, performing food inspections, supporting MWR programs, teaching field sanitation classes, OSHA classes, and teaching and training our multinational partners on PM procedures and equipment.

Challenges for Next Year and the Future

New Force Health Protection Requirements. Due to Presidential Review Directive #5, DODI 6055.1, DODI 6490.3 and other requirements, the level of medical surveillance, to include Occupational and Environmental Health (EOH) surveillance exceeds current TOE capabilities. This includes both deployable material solutions to conduct the surveillance and the skills doctrinally taught at the AMEDDC&S to conduct this surveillance.

Personnel Shortfalls

Currently, in the Company Grade ranks, the AOC 72E is short officers in four of ten PYGs. One PYG is a 0% fill, while three others are less than 35% fill. Additionally, for the thirty Company Grade authorizations, the inventory will be at 2/3 strength, after July ETSs. This group of officers is highly coveted by industry. Special attention must be given to ensure the

CPT McDannald, 72E

health of this skill set in five to fifteen years.

PERSTEMPO

A second challenge for the 72 D/E skill set is PERSTEMPO. A significant driver for PERSTEMPO hitting this group of officers so hard is that when officers assigned to CHPPM, they typically go TDY often to support the mission. A typical officer assigned to a CONUS CHPPM spends 100 days per year TDY in mission support. As a result, when these officers PCS to a TOE unit, they often show up with a high PERSTEMPO number. Additionally, PM assets are currently being used at much higher level than the Basis of Allocation (BOA) calls for. Since BOA drives Force Structure, PM Detachments are being utilized at a disproportionate rate than Force Structure supports. This fact also is impacting these two AOCs.

Initiatives to Meet the Challenges

Working with AMEDDC&S on a comprehensive Force Health Protection Concept. OTSG, USACHPPM, FORSCOM, and ASA (I&E) are working with the AMEDDC&S through the DTLOMS process to remediate current shortfalls in the AMEDD to conduct medical surveillance. The training shortfalls of soldiers and officers are currently being worked through a series of Training Task Selection Boards (TTSBs) at the school portion of

AMEDDC&S. The organization and material shortfalls are currently working at DCDD through the Medical Force Protection – Integrated Concept Team.

Cross-leveling of 72D's for 72E's

To meet mission requirements while working with a shortage of AUTH personnel, 72D's have been cross-leveled with 72E's. This allows 72E's TOE opportunities, while increasing the number of developmental assignments for 72D's.

LTHET as a retention tool

Officers from both 72D and 72E AOCs are encouraged to apply for LTHET as new CPTs, with follow-on assignments after Graduate School often in TOE units. This does two things. First, it brings skill sets that are important to the Army to the field. Secondly, with the ADSO incurred by these officers going to Graduate School, they will stay in the Army long enough to be looked at for Major. History shows that if we can keep our 72D's and 72E's to the Major's board, they will usually stay for a career. Thus, LTHET is a useful retention tool.

Actively recruiting 70B's who hold Engineering Degrees

Officers who hold the AOC 70B will be screened, looking for those officers that hold degrees in Engineering. As they complete their first tour of duty as a Medical Platoon Leader, they will be contacted and evaluated for possible AOC transfer to 72E.

Potential Merger of 72D & 72E AOC

Currently, the two AOCs are used interchangeably, except for three AUTH, yet only three 72E slots are documented on a MTOE. Merging these two AOCs would improve the Company Grade personnel shortage as 72D's are easier to recruit and would still maintain engineering skill sets within the Preventive Medicine Sciences inventory.

Reference Website:
WWW.ENVIRO-ENGRS.ORG

COL Dennis Wolfe, MAJ Aaron Silver, and MAJ Dennis Kilian at the CHPPM Ball on 20 October 2001.

Chief, MSC Guidance and Initiatives

As with any organization, the Medical Service Corps, leadership has inherent responsibilities. One of these responsibilities is to provide policy guidance and initiatives that support the success of our Corps, its officers and the value we bring to our Army. In support of my four priorities, we are pursuing practices that facilitate leader development and personal growth, however, there is still much to do. During this past year we have developed policies and practices that were instituted or will be implemented this coming year. We will continue to refine some of these initiatives over time.

2d Lieutenant Initial Assignment

The opportunity to learn as a lieutenant is limited. These are critical and formative years. The focus for these young officers should be the development of troop-leading skills and to gain exposure and experience in our Army's combat maneuver formations and field units. Therefore, our practice for administrative AOCs in FY01 was to assign our new 2LT's to TOE units. The expected outcome is to build a solid foundation for our young officers and our Army's future.

Allied Sciences Initial Assignment

Our allied science officers have special skills that contribute to our MSC and Army mission. Because many of these AOCs are of a low density (often only one deep) in multiple organizations, we often place them in difficult initial assignments without the level of support they deserve. Our intent is to place these officers in assignments with at least one other like AOC officer to ensure solid development and minimize risk to mission accomplishment and enhance officer success.

Long Term Health Education Training (LTHET)

LTHET is a significant program offered to develop MSC officers with the skill sets required now and in the future. As we examine educational opportunities we must ensure they meet the needs of Army missions and functions. Additionally, these programs must satisfy the academic and industry standards/ requirements for our clinicians, scientists and administrative officers.

Preceptors

Beginning in FY 02 all MSC officers selected for Army funded education programs will be assigned a MSC preceptor by their respective consultant. These preceptors will be familiar with the selected course of study and assist with curriculum, thesis selection, and resources. In some cases they may be alumni or sit on the faculty committee. The desire is to maintain contact with our officers and lend support as required.

Utilization Assignment

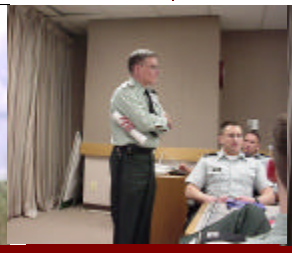
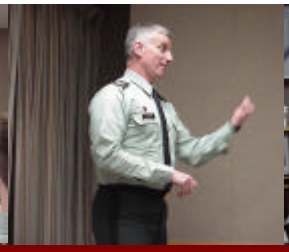
Providing officers the opportunity to gain academic credentials is significant. If we do not reinforce new academic knowledge with practical application then we are not serving the Army or the officer. Every officer will know the follow-on assignment associated with their graduate degree program. During the initial request for applicants, follow-on assignments will be listed with each program. The intent is to validate and reinforce the academic theory with the practical application to better support the Army and the AMEDD. MS Branch, PERSCOM in conjunction with each consultant will craft an assignment approximately one year before the completion of the graduate program.

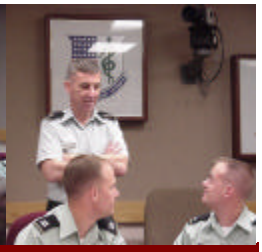
Military Corresponding Studies and Degree Completion

Both these programs are critical to leader development and officer success. Our selection opportunity for both military and professional education is limited. We select about three per cent of our officers to attend Command and General Staff College and even a smaller percentage for Senior Service College. We also acknowledge that selection for a funded Masters Degree is limited. Therefore, a majority of our dedicated officers are committed to attaining these skills and credentials on their own. In the past we have taken this for granted. Our desire is to underwrite a new philosophy that supports our officers in attaining some of these professional education requirements during duty hours. In some instances work related projects can be the subject of classroom work. We must exploit these opportunities. We must understand and reinforce the value of these critical skills and MSC leaders must undertake the responsibility to ensure our officers who demonstrate the commitment to become better leader developed are supported.

Professional Postgraduate Short Courses Program (PPSCP)

Professional development is key to the continuing mission success of the MSC, AMEDD and Army. Our PPSCP affords us the opportunity to share timely and relevant information within the realm of an Area of Concentration (AOC), specialty or community. These courses often occur in a Tri-Service setting or in conjunction with a civilian professional body. In an effort to maximize our limited training funds, many of our AOC courses are only conducted biannually. This is particularly true of our larger AOCs. Therefore, it is imperative to maximize this opportunity for educating our officers on the latest information on an array of specific community-focused subjects. There are also other significant benefits to these courses. They become venues for mentoring and networking. Junior officers have access to senior officers in a non-threatening environment. It provides a forum to discuss opportunities, challenges and the possibilities for the future. Junior officers are also in a position to cultivate professional and personal relationships with their peers. The long-term benefits of these professional gatherings include



some intangible gains, which demonstrate and reinforce the value of the PPSCP. We must continue to support the attendance of junior and senior officers to PPSCP.

Deputy Commander Administration (DCA) Selection

During FY01, a new process was developed and implemented to select and slate qualified officers to serve as DCAs in our clinics and MEDDACs. This change was dictated because candidates and commands deemed the FY00 process unsatisfactory. As such, a review of the process produced changes addressing qualifications by MTF category, civilian and military education standards and notification of selected personnel and their prospective commands. The new process in its entirety may be found on the MSC web page.

Functional Area 90

MSC/FA90 officers are a valued contributor to our AMEDD and our Army. All MSC officers must be recognized as the warfighters' resource and respected authority on their healthcare system – the continuum from foxhole to medical center. To achieve this competency the FA90 MSC officers must have a strong and credible presence in the Army's Divisions or any future battle formations the Army employs. We know our Army's future holds legacy, interim and objective forces. Our commitment to FA90 will follow suite. We are committed to supporting MSC officers serving in FA90 positions. However, this does not represent the final discussion concerning FA90 because we do not know what form the interim and objective forces will take. We cannot always fill recognized MSC FA90 authorizations. However, MS Branch will base assignment decisions on many factors, including FA90 opportunities, availability, and needs of the service. We are committed to developing health services officers with depth therefore these officers must broaden their skills beyond the division to learn how our AMEDD and Army functions by serving in Echelons Above Division (EAD) EAD and TDA assignments.

We are pursuing practices that facilitate leader development and personal growth

Command

Many of our officers aspire to "command" and there are many opportunities at the company grade level in both TOE and TDA organizations. Commands are available to all MFA 67, Administrative AOC officers. In some instances, commands are appropriately coded for allied science officers to command. It is also important to note that not all MS officers must have command to be promoted. Again, this is particularly true for most allied science specialties. However, for those who have this privilege Company/Detachment command is a critical element in officer development. Successful Company command is also the key to opening the doors to many other opportunities in an officer's career. It can lead to LTHET, TWI, joint assignments, officer exchange programs and other opportunities coveted by individual officers.

At the field grade level Command is offered primarily through a HQDA/PERSCOM central board process. We have commands in both the TOE and TDA communities- Area Support Medical Battalions, Evacuation Battalions, Medical Logistics Battalions, and Main Support and Forward Support Battalions and Recruiting Battalions. There are also opportunities in non-centrally selected commands, such as Troop Commands, Science and Technology organizations in CHPPM and MRMC. The array of command opportunities at the Colonel level is greater than it has ever been. MS officers are now eligible to compete for Medical Brigades, Science and Technology commands, Installations and Level 1 and Level 2 Medical Treatment Facilities. However, to be competitive, officers must prepare themselves through a combination of assignments and military and specialty education and training.

Recognition and Awards

The opportunity to recognize good officers and their contributions should never be missed. That process in well entrenched via the chain of command in that we can nominate officers for formal awards and should whenever an officer's performance warrants it- sustained performance or impact. This is particularly true of our officers who have served honorably and are retiring from our Army and those will separate from service upon completion of their obligation. We should allow people to depart the Service with the belief that their contributions and service are appreciated.

There are many other ways to recognize officers in our Medical Service Corps. For junior officers there is the MSC Award of Excellence, Junior Officer Week, the MacArthur Leadership Award, and civilian professional organizations awards- Association of Military Surgeons of the United States (AMSUS) and American College of Healthcare Executives (ACHE) to name two. Civilian professional organizations also afford us an opportunity to recognize mid-grade and senior officers as well. Mid-grade and senior officers are eligible for the Order of Military Medical Merit (O2M3) and The Surgeon General "9A" Designator. This is not a comprehensive listing of ways to recognize people but is indicative of the ways to take care of your officer.

The evolution of policies and practices will continue in the coming year. We are committed to developing processes that are open and equitable. As we learn more of the Army's and AMEDDS Transformation we will adapt new policies and refine old ones to accommodate the needs of those we serve and our officers.

Association of Military Surgeons of the United States (AMSUS) Paul F. Turan Jr., Medical Material & Logistics Management Award LTC Terry K. Cox

LTC Cox epitomizes excellence in the finest traditions of Medical Materiel and Logistics Management. His expertise and leadership in the field of medical logistics has enabled numerous Army Medical Department (AMEDD) activities to accomplish their mission.

Upon graduation from the AMEDD Officer Basic Course he immediately attended the Medical Logistics Management course and started his career as a medical logistician. As a Lieutenant he completely reorganized the 3rd Armored Division Medical Supply Office, which was recognized as the best in Europe. He went to Berlin and served in two positions; Company Commander and Chief, Property Management Branch. His branch placed third in the US Army Europe Supply Sword of Freedom competition and was first in 7th Medical Command.

LTC Cox is a pacesetter, who always sets the standard. As the Installation Medical Supply Officer, Fort Stewart, Georgia; his office was the first AMEDD facility to implement the automated Standard Army Contracting Office on site, reducing procurement administrative lead-time. He also was the first AMEDD facility to implement the use of the government wide credit card. As a contracting intern at Fitzsimons he developed a training program that reduced training costs by over $30,000.

His next assignment was as Chief, Materiel, 1st Armored Division Medical Operations Center. He ensured all critical medical items were on hand for 89 hours of sustained ground combat operations and follow on defensive and humanitarian operations. He moved to the 3d Combat Support Hospital and was personally responsible for redistribution of over $ 1,000,000 of excess medical supplies to other facilities and to former Soviet states. His organization was also responsible for the initial support to the 502d Mobile Army Surgical Hospital in Bosnia. He served as XO of 16th Medical Logistics Battalion in Korea. Support to all military services during his tenure to the Pacific Rim was excellent. He then moved to the Office of The Surgeon General where he was the Program Manger for $400 million in Logistics Readiness funds. He also served as the Chief, Consultant Affairs, assisting over 400 Army medical logisticians in their assignments and educational needs.

Most recently he has served as the Chief of Logistics, Evans Army Community Hospital. His tenure has been remarkable; he has led the region in medical standardization, prompt payment and has masterfully secured over $2.5 million in funding from the installation for AMEDD facility projects. He has and will continue to make unlimited contributions to the AMEDD and our Army. He was recently selected by the AMEDD Logistics Consultant to head the logistics training for all enlisted, non commissioned officers, warrant officers and officers at the Army Medical Department Center and School. He is also the military board member to the American Hospital Association Healthcare Resource and Material Managers Professional Membership Group, representing all military services in medical material and logistics matters at that level. LTC Cox is a truly outstanding Logistician.

AMSUS has been working for the Federal Healthcare profession since its conception in 1891. AMSUS was organized in 1891 and chartered by Congress in 1903 to advance the knowledge of healthcare within the federal agencies and to increase the effectiveness of its members. It is dedicated to all aspects of federal medicine professional, scientific, educational and administrative. It was originally a physicians' organization, however, AMSUS is not focused on only one service. AMSUS constituency is comprised of professionals of all of the healthcare disciplines in the US Army, US Navy, US Air Force, US Public Health Service, Department of Veterans Affairs, US Army Reserve, US Navy Reserve, US Air Force Reserve, Army National Guard, Air National Guard, and the Coast Guard. There are 12,000+ members that count on AMSUS to provide current information on the numerous healthcare fields.

Reference Website:
WWW.AMSUS.ORG

Association of Military Surgeons of the United States (AMSUS) Walter P. McHugh Award Recipient MAJ William M. Stubbs

Major Stubbs' innovative logistical initiatives in automation, personnel management, and customer support significantly improved medical supply support for over 650 Army, Navy, Air Force and Department of State customers, throughout the European and Southwest Asia theater of operations.

Major Stubbs, as the Chief, Materiel Management Division, United States Army Medical Materiel Center, Europe, expertly managed the Army's largest medical supply account. By reducing inventory stocks, maximizing prime vendor utilization, implementing standardization, eliminating excess stocks, automating customer ordering procedures, and conducting an over-all reorganization of the entire Materiel Management Division, to incorporate ISO 9000 and better business practices, he created one of the Army's most efficient and effective medical supply operations.

Major Stubbs improved on-line customer ordering procedures, automated a 34,000-line supply catalog, and implemented an Internet-based procurement tool. He streamlined customer ordering procedures, thereby reducing ordering problems and discrepancies and increasing customer accounts by 20 percent. He reduced customer wait time, from fifteen to seven days, by implementing the Defense Supply Center, Philadelphia's Electronic Catalog, web based, ordering system.

While dual-hated as the accountable officer for a $7.6 million medical supply account and the Chief, Materiel Management Division simultaneously, Major Stubbs superbly managed over 7500 lines of stock, with annual sales of over $54.3 million, the organization's largest sales volume in the last ten years. He maximized automation capabilities and effectively managed databases to transition from the Army Working Capital Fund to the Defense Wide Working Capital Fund. To ensure a seamless transition, Major Stubbs redistributed and reutilized over $940 thousand in excess stocks, closed out 3700 lines of open dues-in, and researched and resolved over $200 thousand of inventory in-transit and $6 million of open accounts payables.

Major Stubbs developed a comprehensive data and reporting system to closely monitor and manage the requisition, storage, distribution, and retrieval of over 101,000 doses of Anthrax Vaccine for customers located in countries throughout Europe and Southwest Asia. To eliminate all vaccine losses during shipment, he assisted in the development of a highly sophisticated Cold-Chain Management process, adopted as the standard for Department of Defense shipments of refrigerated materiel.

Major Stubbs demonstrated exceptional leadership skills by spearheading the United States Army Medical Materiel Center, Europe's International Standard Organization 9000 certification. Also, during the organization's first-ever Tri-Service Medical Logistics Symposium 2001, Major Stubbs presented a superb briefing on organizational capabilities and facilitated an effective discussion on customer expectations. Because of his expertise and leadership, Major

Stubbs was selected to conduct a radio interview by the Armed Forces Network, to market the organization's capabilities. To provide lessons learned while supporting peacekeeping operations in the Balkans, he published an article entitled, "Medical Supply Support to Kosovo" for the Army *Logistician* magazine and other Medical Command publications. He provided comprehensive medical supply support to earthquake victims in Turkey, during Operation Avid Response, and to the Balkans in support of NATO peacekeeping operations. Major Stubbs was selected to attend the Army's Command and General Staff College, demonstrating his leadership in the Army Medical Department.

As a premier medical logistician, forward-thinker and leader in his field, Major Stubbs has significantly innovated and streamlined the Army Medical Department's logistics procedures.

Military Medicine: International Journal of AMSUS is the Association's official monthly journal. The articles published in the journal are peer-reviewed scientific papers, case reports, and editorials. The journal also publishes letters to the editor and book reviews. The objective of the Journal is to promote awareness of Federal medicine by providing a forum for responsible discussion of common ideas and problems relevant to Federal healthcare. Its mission is: To increase healthcare education by providing scientific and other information to its readers; to facilitate communication; and to offer a prestige publication for members' writings.

MSC Contributions

CPT Veda Kennedy (left), a Clinical Laboratory Officer, with Dr. Ogutu, a Kenyan research physician (right). They are at the Nyanza Provincial Hospital in Kisumu, Kenya, working with malaria immunology and diagnosis. CPT Kennedy is assigned to the Walter Reed Army Institute of Research's overseas operating location, the US Army Medical Research Unit - Kenya (USAMRU-K), Nairobi, Kenya.

1LT Alex Giambone, 72E, Environmental Engineer, CHPPM-South, hanging a light trap to catch mosquitoes in support of the West Nile Virus Surveillance Program.

CPT(P) Maurice Sipos, a research psychologist, prepares to inject an animal with a low dose of nerve agent VX. His research attempts to determine whether repeated exposures to low doses of chemical warfare nerve agents will cause significant effects on behavior and neurological functioning.

CPT Norman C. Waters (Ph.D., Hahnemann University)- CPT Norm Waters is Chief of anti-parasitic assay development where he identifies and characterizes novel anti-malarial drug targets.

CPT Johnson measures benzene concentration in ambient air.

CPT Eric Midboe is examining a tissue sample that was exposed to a chemical warfare nerve agent in an effort to detect gene targets of such agents. These target genes will guide the way to improved medical countermeasures to chemical agents.

MAJ Jamie Blow, 72B, Entomologist with a Russian Colonel

1LT Kevin Ridderhoff

1LT Kevin Ridderhoff deployed to Bosnia form Fort Campbell and implemented an adverse drug reaction prevention program for soldiers.

1LT Courtenay J. Whitman

1LT Whitman's powerful grasp of combat health support and desire to take care of soldiers through six brigade/battalion field-training exercises, to include the Joint Exercise Purple Dragon and a battalion external evaluation, which increased his battalion's combat readiness. 1LT Whitman was an integral part of the staff military decision-making process to develop the plans and in the execution of these operations. Combat Health Support analysis and planning was always superb. 1LT Whitman developed and implemented non-standard CASEVAC procedures utilizing the M998 HMMWV for the ATLS on the drop zone, the M-Gator in search and attack and MOUT operations, and aid and litter teams comprised of non-mission essential personnel such as cooks and mechanics, task organized with medics, to assist rifle companies in CASEVAC. This "Team CASEVAC" concept was specifically recognized by the Observer / Controllers during our Home Station EXEVAL as unique and innovative, and contributed greatly to an extremely low died of wounds rate. This technique was so successful that 1LT Whitman was asked by the brigade commander to demonstrate it at a brigade OPD, after which the other battalions in the brigade adopted the technique. 1LT Whitman's continuous efforts to improve the training of his platoon and the support to this battalion were evident in his development and integration of MEDEVAC training during all platoon and company maneuver live fire exercises.

CPT Heather Cowan

CPT Cowan is the Administrator, Department of Medicine, Ireland Army Community Hospital (IACH) Fort Knox, Kentucky. She was the project officer for the IACH retiree open house . She coordinated the efforts of many of the medical activities to provide an evening of valuable services to the retiree beneficiaries. This highly successful event heightened the awareness of the beneficiaries to the various programs offered at IACH. The hospital benefited from the positive exposure and increased the number of Third Party Collection insurance forms updated.

2LT Tyrone Felton

2LT Tyrone Felton has served in the United States Army Reserve (USAR) for the past 6 years. He entered the Reserve as an enlisted soldier and on 10 November 1999 became a commissioned officer. Always striving for excellence, 2LT Felton earned his Bachelors of Arts in Sociology and is now working toward his Masters Degree in Counseling. Completion of Officer Basic, Logistic Course, and many awards shows his commitment to excellence. During his tenure as Mobilization Officer, 2LT Felton has ensured that mobilization policies are followed. His attention to detail gives credit to this Reserve Unit's successful family care plan, which has a 99% success rating. Always willing to help, he ensured the success of the taskings from higher headquarters. Thus, enabling ten deploying units met all requirements for deployment through out the world.

1LT Irving N Fannell

1LT Irving N Fannell, 70B USAR, has proven himself to be a tremendous asset to 3D MEDCOM. He has held two vital positions as a member of this unit. While serving as the Executive Officer and the Commander's principal staff officer, LT Fannell volunteered to represent the unit as the Food Service OIC; and in this capacity he attended seminars and conferences relating to logistics and food service. During Golden Medic 99, 3D MEDCOM's Annual Training Exercise, which comprised of soldiers from this unit participating at three different installations in three different states, LT Fannell served as the Acting Company Commander. He made important decisions, which were vital to the overall success of the unit's mission. LT Fannell coordinated transportation; training, briefings and staff meetings that ensured the soldiers were receiving the best possible training. He has always shown a sincere caring attitude for the welfare and well being of all soldiers in the command. LT Fannell was selected as the Commander of Headquarters and Headquarters Company, 3D MEDCOM. As the Commander he was able to record zero related incidents on unit members involving property and resource allocation. He has demonstrated tact and the ability to reason effectively during various situations that often involved higher-ranking individuals in this command. He successfully navigated and coordinated all logistical and personnel support necessary that made Golden Medic 00 a successful training exercise.

LTC Logan

Army Entomology Web Site

LTC Logan at CHPPM Main constructed a trial web site for Army entomology. This attractive page will become a platform for job descriptions, newsletters, and contact information.

1LT James Halstead

1LT Halstead acted as a J-3 for PAC Warrior 2001. With a staff of 3 NCO's, he planned, coordinated and executed a joint exercise for over 1200 service members. The exercise demonstrated tri-service medical operations with special emphasis on new technology. The senior leadership praised 1LT Halstead's initiative and performance throughout the exercise.

1LT Sean Friendly

1LT Sean Friendly is an environmental science officer who has done an outstanding job supporting four military installations from the Fort Eustis MEDDAC. He devised a plan to obtain equipment to breakdown the hazardous waste to virtually nothing and ultimately use it as an alternate energy source. He conducted a cost analysis of the equipment, outlined a viable plan, and obtained additional funding for the Fort Eustis MEDDAC. He made the operations more efficient by providing the MEDDAC with a cost free solution to combat hazardous waste.

Optometry, Pharmacy, Podiatry, Social Work, Clinical Psychology

COL George (Chuck) L. Adams III

The five AOC's listed above are vital components of the Medical Service Corps and are responsible for direct patient care for our soldiers, family members, retirees, and all eligible beneficiaries.

Each consultant has written an overview of their specialty keying on the past year's successes, challenges for the next year and future years, and initiatives to meet the challenges. Emphasis has been placed on Retention and Recruitment incentives to attract and retain quality officers to provide health care for beneficiaries. Wherever possible, success stories of individual officers have been included.

The following websites are available for your review:

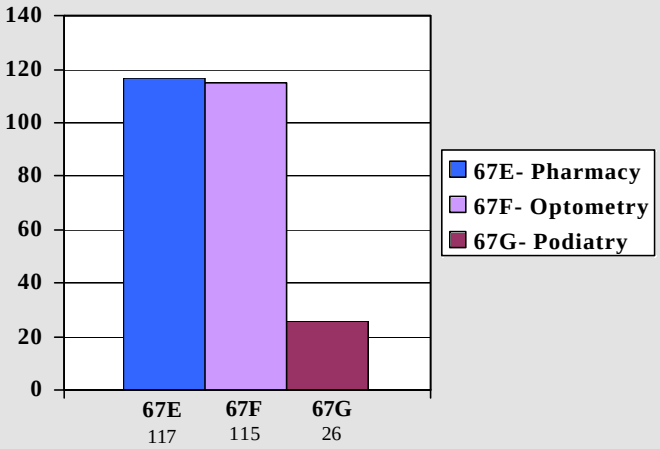
Optometry:
http://chppm-www.apgea.army.mil/dcpm/VCP/aopnet/AOPNET.HTM

Pharmacy:
www.armypharmacy.org

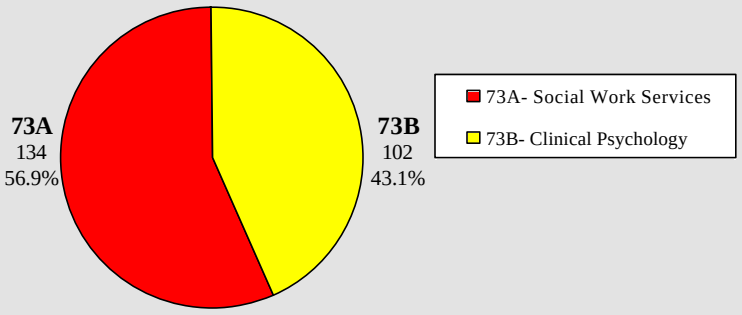
Podiatry:
www.abps.org and www.apma.org

Clinical Psychology and Social Work web sites are in development.

Optometry, Pharmacy, & Podiatry
258 Active Duty Officers



Social Work & Clinical Psychology
236 Active Duty Officers



73A Social Work Services

COL Virgil Patterson, Consultant

The purpose of Army Social Work is to sustain military readiness by enhancing the well-being of service members, military families, units and communities. This contribution to soldier medical readiness and family healthcare occurs by promoting behavioral wellness through healthy adaptation and coping, preventing problematic coping patterns, and resolving social system conflicts and challenges that may impede mission accomplishment across the continuum of healthcare settings in the Army Medical Department. Recruitment and accession is accomplished by direct commissioning of clinical social workers who possess a Masters in Social Work from a school of social work accredited by the Council on Social Work Education and hold a current, valid, unrestricted state license in clinical social work. Army Social Workers are assigned to Combat Stress Control Detachments (CSCs), Division Mental Health, Medical Groups and Brigades, MEDDACs, MEDCENs and correctional facilities. Teaching, research and staff assignments are located at the AMEDDC&S, CHPPM, CFSC, USUHS, and WRAIR.

Issues

Current recruitment for Army Social Work is excellent. We require applicants to have current, valid, unrestricted clinical social work licenses. Our new accessions are excellent and motivated. However, our retention stands in need of improvement. Our young officers need to be mentored better in order to adapt to the demands of a military lifestyle. At present, young officers are opting to leave the military. Army social work is experiencing the same dynamic as the Army in general in relation to the dynamics of retention issues. Another issue is the requirements of DODI 6490.1 (Command directed mental health evaluations). That such evaluations be conducted by clinical, doctoral level social workers. The basic requirement for commissioning as an Army Social Work Officer is the Master's degree in Social Work. This new standard in the DODI exceeds civilian requirements. The civilian community standard is the clinical social worker must be licensed for independent practice not possession of a doctoral degree in clinical social work. Since this requirement is stated by law (Section 546, Public Law 102-484, "National Defense Authorization Act for Fiscal Year, 1993), it is not anticipated that the requirement will change in the short term.

Challenges

These educational requirements are forcing us to reevaluate our LTHET program. The need of Army Social Work is for our young officers to obtain the Ph. D. in clinical social work early in their career. Utilization tours would then be in the Combat Stress Control units or division mental health. Additionally young offices need a much better orientation and early mentoring than they have been receiving. The option of an initial one year internship at a MEDCEN or large MEDDAC such as at Ft Bragg or Ft. Hood. The challenge to achieving this change is the resource impact. Training new accessions upon entry on active duty has an immediate impact upon the field in that the new officer is less productive during that training period. The long-term effect is the positive payoff. We are currently evaluating the cost / benefit aspects of this idea. Other incentives for retention include the diversity of professional opportunities open to Army social work officers.

Achievements

There have been many outstanding contributions by Army Social Work Officers during the past year. The actions of CPT(P) Steve Lewis serve to demonstrate the superb quality of our officers and their commitment to excellence. CPT(P) Steve Lewis attended The "Second Encounter for Human Behavior," a conference sponsored by the Colombian Armed Forces. CPT(P) Steve Lewis and CPT(P) Leso, a clinical psychology officer, provided presentations on the following topics: 1) US Army suicide prevention programs; 2) US Army alcohol and drug abuse prevention and treatment programs; 3) aviation psychology; 4) battle fatigue and risk factors for post-traumatic stress disorder; and 5) primary prevention of combat stress reactions. CPT(P) Lewis and CPT(P) Leso received a letter of appreciation from General Alfonso Ordonez Quintana, Chief of the Colombian Armed Forces Joint Staff acknowledging their contributions to the conference and to the welfare of the soldiers of the Colombian Armed Forces. The actions of CPT(P) Steve Lewis served to enhance the image of the Army Medical Department as a leader in military social work.

73B Clinical Psychology

COL Edward Crandall, Consultant

Army Clinical Psychologists contribute to soldier medical readiness and family healthcare through behavioral health, wellness, and preventive interventions across the continuum of healthcare settings in the Army Medical Department. Recruitment and accession tools are the Health Professions Scholarship Program (HPSP) and the Clinical Psychology Internship Program (CPIP). Predoctoral clinical psychology internships are offered at WRAMC, DDEAMC, and TAMC. These programs are accredited by the American Psychological Association (APA). Postdoctoral fellowship training programs in Neuropsychology, Health Psychology, and Child Psychology are conducted at WRAMC, MAMC, and TAMC. Clinical psychologists are assigned to Combat Stress Control Detachments (CSCs), Division Mental Health, MEDDACs, and MEDCENs. Teaching and staff assignments are located at the AMEDDC&S and CHPPM. Army Clinical Psychologists play a critical role in personnel assessment and selection at US Army Special Operations Command, Joint Special Operations Command, Training and Doctrine Command, and US Army Recruiting Command.

Current recruitment and retention for clinical psychology is excellent with 100% of the CPIP recruitment goal achieved and a 100% acceptance rate for officers who are eligible for voluntary indefinite (VI). Officer quality is exceptional with most CPIP graduates requesting TOE assignments. However, the need for these officers continues to grow as evidenced by a 14% increase in the force structure during the last three years as a result of the optimization process and additional authorizations requested by TRADOC and USAREC. Initiatives in the Combat Stress Control Detachments are also projected to increase the demand for clinical psychology officers during the next three years.

These force structure demands will require expanded recruitment and aggressive efforts to retain officers. The LTHET postdoctoral fellowship program continues to be a valuable incentive for some officers to remain after their initial obligation. Other incentives for retention include the diversity of professional opportunities open to clinical psychology officers. The FY 2001 CPIP selection board confirmed the need for the continuation of HPSP for clinical psychology. Without the input of these students to training program, the intern selection requirements would not have been achieved. In coordination with USAREC, each training program will pursue a more active recruitment program utilizing current and recent graduates to recruit applicants.

67E Pharmacy

COL Mike Heath, Consultant

Recruit and Retain Pharmacists is a growing concern for the 67E's. Baseline was 87.5%. As a result of new incentives (new accession bonus, loan repayment) 100% accessions mission (16/16) will be met. Additionally, loss rates (retention) have been reduced from 21% to 18%. Accession mission success 100% is the first time in five years.

It is imperative that 67E (Army Pharmacy) continues to have funding to support loan repayment and the new accession bonus if success with recruiting is to be maintained.

It is also imperative that funding be obtained for the retention bonus portion of Pharmacist's Special Pay. Currently the retention bonus is programmed (OTSG Special Pay) to begin 1 October 2001 (FY02), however no funding has been received to support this initiative.

Reduce the Army's Medically Related Costs

Army Pharmacists were actively engaged in pharmaceutical national contracting efforts which resulted in $54 Million dollars in cost avoidance during FY00, and $43 Million for the first six months of FY01.

Better, Safer Patient Care Process

Army Pharmacists deployed pharmaceutical point of use technology and robotic technology, which integrated bar coding and prevented/reduced medication errors. Further, Army Pharmacists (26 sites) implemented an automated medication error reporting and monitoring program (U.S.P. medmarx), which will standardize medication error reporting throughout MEDCOM.

Manage the Health of Beneficiaries

Army Pharmacists were proactive with leadership that implemented the TRICARE Senior Pharmacy Program for 1.5 million beneficiaries on time as mandated by Congress on 1 April 2001.

Healthy Soldiers

Army Pharmacists are PROFIS to many TOE units and deployed to Kosovo, Bosnia, Honduras, JRTC, and others.

Reference Website

http://www.armypharmacy.org

67F Optometry

COL George Adams, Consultant

Army Optometrists are the primary eye and vision care providers on the Army Health Care Team. The U.S. Army Medical Department has a continuing need for qualified active-duty optometrists (Doctors of Optometry) to satisfy mission requirements worldwide. Most Army Optometry assignments are purely clinical in a hospital or field unit; however, Optometrists may be assigned in areas such as aeromedical vision science research, telemedicine, residency training, vision conservation and readiness, optical fabrication laboratory management, teaching and program development. Optometrists are also available to participate in humanitarian relief and assistance visits to foreign countries.

Challenges

Officer Distribution Plan guidelines for 2001 were met by staffing 100% of OCONUS and TOE requirements. Optometry staffing shortages worldwide will show an 83% fill, while CONUS clinical TDA positions will be filled at 80%. Additional tools have been explored to meet the shortfall. These include an Optometry Retention Bonus, an increase in Optometry Special Pay, and Critical Military Skills Pay, as well as increased coordination with USAREC and recruiting visits to Schools and Colleges of Optometry. Training starts this year include eight Optometry students selected for the Health Professions Scholarship Program (HPSP), two two-year MBA/Residency starts and two one-year Residency starts. Work is also ongoing to update the Civil Service Optometry job series.

Achievements

The Optical Fabrication Enterprise was created to standardize the delivery of optical services, reporting and supply. The Frame of choice program was successfully implemented and has been well received by soldiers.

Thirty five percent of Army Optometrists are Fellows of the American Academy of Optometry and Board Certified, while only 10% of civilian optometrists become Fellows. New Fellows of the Academy in the year 2000 include LTC Mark Lund, MAJ (P) David Hilber, CPT Adriene Ari, CPT Todd Briscoe, CPT James Elledge, and CPT James Truong. Mission support has been provided to Kosovo and Bosnia on an on-going basis, as well as Africa, Thailand, and Egypt. Notably, CPT Greg Hutchison conducted an OPTCAP in support of the people of Kosovo by providing donated spectacles to over 130 patients.

CPT Haby Ramirez, European Regional Medical Command (ERMC), was named the grant holder and principle investigator for the ERMC Remote Teleoptometry Project, which will establish a network of ten sites in Europe and the Middle East capable of transmitting digital images for consultation. his telemedicine project addresses patient access difficulties that exist for the fields of optometry, ophthalmology and neuro-ophthalmolgy in the unique and

MAJ Linda Knapp

widely dispersed ERMC Region. The technology will benefit deployed active duty personnel, as well as those stationed at isolated, fixed facilities in Europe. Digital slit lamp cameras provided to remotely located ERMC facilities are expected to improve accessibility and decrease the cost of eye and vision care for the ERMC military population.

Professional Postgraduate Short Course Program

Army Optometry hosted the Tri-Service Federal Service Optometry Seminar in October 2000. Twenty-six hours of COPE-approved continuing education was provided for 143 optometrists (53 Army, 5 Navy, 61 Air Force, and 24 USAR/NG, VA, PHS, civilian and retiree optometrists). Forty-four Army officers were funded for only $35,000, saving approximately $22K in CE expenses.

The Tricare Clinical Preventive Service Benefit was revised to cover access for all non-active duty dependents (NADD) every two years.

CPT James B. Elledge

Optometry Board Certification

Thirty five percent of Army Optometrists are Fellows of the American Academy of Optometry and Board Certified, while only 10% of civilian optometrists become Fellows. New Fellows of the Academy in the year 2000 include **LTC Mark Lund, MAJ(P) David Hilber, CPT Adrien Ari, CPT Todd Briscoe, CPT James Elledge,** and **CPT James Truong.**

CPT James Q. Truong

Reference Website

http://chppm-www.apgea.army.mil/dcpm/vcp/aopnet/aopnet.htm

67G Podiatry

LTC Jeffrey Zimmerman, Consultant

Army Podiatry has had a couple of successful changes occur over the last year. The first one involves a change to the scope of practice (AR 40-68 "Quality Assurance Administration"). According to the revised regulation, Army podiatrists for whom residency training included performing patient History and Physical examinations may now be privileged to perform Histories and Physicals. High-risk patients, as determined by the medical staff, will still require confirmation or endorsement of the History and Physical by a qualified physician. The podiatrist will be allowed to admit patients only if educationally prepared to perform History and Physical.

This regulation replaces the old regulation, which prevented podiatrists form performing general Histories and Physicals and admitting patients for in-patient care. This change was possible because most podiatrists now have two years of residency training that includes the performance of History and Physicals.

Another positive change involves the procedure by which residents are chosen for an Army Podiatric Surgical residency. Historically, individuals were chosen for residency training by a USAREC board of MSC officers. Residency program directors were rarely members of this board. Recent changes to the selection process will allow program directories to be directly involved with USAREC in the selection process.

An on-going problem within podiatry is the retention of junior officers who have large student loan debt. With an average student loan debt of $120,000, many junior podiatrists cannot afford to remain in the Army in the grade of Captain. This apparently has not been perceived as a problem to be dealt with by the AMEDD since, in spite of a high attrition rate, all podiatry authorizations are currently filled.

Several Army podiatrists are using new technology to perform a common foot surgery in a way that decreases the amount of convalescent time for soldier-patients. Specifically, the endoscopic plantar fascial release system has been used at several Army hospitals to perform plantar fasciotomies. This procedure is used to treat chronic plantar faciitis, and in the past, was done through open techniques, which resulted in a 10 to 12 week healing period. Through the endoscopic technique Army podiatrists have been able to return soldiers back to full duty in half that time.

Reference Website

http://www.abps.org

http://www.apma,org

Leader Development Through Career Management

COL Richard H. Agosta

Chief, Medical Service Corps Branch Headquarters, PERSCOM

Without question our most challenging and highest priority is the leader development of our officers. With 24 specialties in various disciplines and a limited amount of funding and flexibility we must approach this endeavor with innovation and imagination. The art of leader development is both personal and institutional. There are three tenants to the Army's leader development– *Institutional Training, Operational Assignments, and Self Development.* The dynamic and the constant to having these three components to be a successful leader is mentoring. Our challenge at PERSCOM is to meet this three-fold standard. We must do this for all our officers because they are all important. We can not afford to leave any officer behind. They all develop at different a pace. We must be committed and patient. The results are worth the time and wait.

Mentoring

Every leader has the responsibility to coach and counsel junior officers to prepare them for future contributions and success in our Corps. The intent is to have professional dialogue with regard to performance and potential - outside the realm of formal counseling. Often informal settings, almost anywhere outside the leaders office, afford the best setting to conduct these conversations. Also these conversations do not have be limited to professional topics. Taking the time to ask about family, share insights on personal matters- investing, hobbies and leisure activities, purchase of a house, sports or even insurance considerations all assist in the personal and professional development of our officers. Take the time to know and enjoy your officers. Teach them to mentor.

Assignment Experience

The development of officers is clearly affected by the responsibilities and experiences they realize through a broad base during the early junior officer developmental years. As an officer grows they select and migrate into an area of interest or specialty. Once accepted into an AOC they much become technical expert by having a diversity of assignments and experiences within that AOC. There are many opportunities to enjoy a change of location and duties within AOCs. Striking that balance of different aspects of a professional field; TOE or TDA environment; MACOM, Department of the Army, Joint or Office of the Secretary Defense staffs. There are also opportunities outside specific AOC positions that may be available based on skill sets required, background and experience of the office and availability for reassignment. The important point to remember is that we want officers with diversity within their AOCs.

Institutional Training and Self Development

Education and training is another component of leader development. It includes both military and civilian education. Our officers have an array of opportunities for education and training. Professional Military education is hierarchical in the sense that the sequence is constant. In the MSC all officers must complete the AMEDD basic course and the advance course. CAS3 is a requirement for all administrative AOCs and some allied science specialties. However, CGSC is required for all officers and may achieved via correspondence, USAR sites or in-residence. The opportunity to complete Senior Service College (Army War College, Industrial College of the Armed Forces and Fellowships) is limited officers selected via an Army central board process. (Other military training would, where applicable, AMEDD specialty producing courses (i.e. PAD or personnel course.)

Professional education is also available via Army centrally funded programs to acquire graduate degrees in specialties based on AMEDD and Army requirements for this level of education and expertise. Annually a review of specialty requirements is conducted to validate the numbers of starts for the coming academic year in each specialty. Opportunities exist in the allied sciences for many specialties to include microbiology and research psychology. The administrative AOCs may also seek graduate degrees through Baylor (Health Care Administration) and in Comptroller, MBA, and ORSA. Also many of our officers seek graduate degrees on their own time. Clearly, this only reinforces the caliber of officers and the dedication and commitment to self- development and learning. This avenue of approach has proved very successful for many of our officers as well. The important aspect to note is that we place a premium on military and professional education regardless of how it is achieved.

All these components, in conjunction with good mentoring, contribute to officer leader development. Next is some information to assist leaders and officers alike in discussing career progression.

Officers and Career Management

Our MS officers need to establish and maintain effective communications with branch, working closely with both career managers and technicians towards achieving specified career goals and optimizing professional development. Implementation of short and long term objectives are critical to success as an Army officer. Serving in duty positions that are challenging, facilitate growth and upward mobility, while meeting mission requirements for the AMEDD and Army, are the bedrock of a solid career path. Officers must seek branch qualifying assignments as outlined in DA Pam 600-4, mixing both TOE/TDA experiences, as appropriate for their AOC.

Voluntary Indefinite Status

The VI board meets in conjunction with the Captain's promotion board, typically in the spring. Junior officers selected will be offered VI status, which they can either accept or decline. Historically, officers that have maintained a good performance record are offered VI. Officers not selected, or who decline VI status will be separated upon completion of their service obligation.

OERs

The current OER system was placed into service in October of 1997, and has been reviewed and monitored continuously to ensure that it accomplished what it was intended to do. It is in-

tended to serve as a managed profile system that would not become inflated and best serve the Army and its officers. As a result, the current system does not allow senior raters to give above center of mass (ACOM) evaluations randomly. Rated officers need to understand the system, particularly their responsibility to develop good viable support forms and seeking performance counseling. It is desired that officers receive a mix of both COM and ACOM evaluations in all positions, but most definitely in those positions critical to promotions like company command or chief of labs or other allied science sections chief positions, if applicable to the individual officers AOC. Boards are familiar with and are briefed on officers with multiple COM reports within small rating populations and in those cases the narrative write-up takes on greater significance. Other important factors to be considered: counseling/mentoring early, often; negative OER comments must be substantiated; senior rater narrative is critical; make good use of junior officer developmental form, ensure the process is adhered to by the rater/rated officer.

Selection Process

Primary tools used by selection boards are the ORB, photograph, and microfiche. Officers bear the responsibility to ensure their personal files are accurate and current. Updated photographs are essential, and officers must inform branch when changes occur, such as receiving an advanced educational degree. The resources available through web-based applications are plentiful, so officers in the field must be proactive in seeking out information. Again, communication with MS Branch is a key component of the information access process at PERSCOM. PERSCOM Online posts/publishes valuable information directly related to board dates, suspense's, points of contacts, helpful hints, and links to numerous sites. The MS Branch Newsletter web page is another good source for pertinent information. Officers who desire command consideration must also be familiar with the Command Preference Designator (CPD) system, which is an online feature which allows officers to request a specific command category or unit.

INITIATVES FOR FY 02

1. 70B Management into AOC Specialty.
2. MS PMAD Positions/Assignments on the web page

Our officers are our best representatives and demonstrate through their contributions the quality of our leader development initiatives. It is easy to leader develop the best and brightest but we must invest in all our officers. Mentoring is not sponsorship. Please this information to assist in the career counseling of your officers as the develop to achieve their personal and professional goals.

Army Knowledge On Line (WWW.US.ARMY.MIL)

Army Knowledge On-line is a key initiative in the transformation of the Institutional Army into a true knowledge and capabilities based organization. Services include:

Web-based email

All soldiers that are registered with AKO are provided their own email account that can be accessed at any location where access to the Internet is available.

Army White Pages

Serves as a worldwide locator instant access to the location and email account of those soldiers registered with AKO.

Powerful Military Search Engine

AKO provides the most powerful search engine of the military domain. It provides the ability to search over 1 million documents by relevance or date and allows for either keyword or category searches.

Extensive reference page

AKO provides an extensive reference page that provides links to installations; career development and education web sites; periodicals; and a capability to view regulations, forms, manuals, and Army Publications.

Link to PERSCOM Officer Career Management Knowledge Center

The PERSCOM Knowledge Center is the link for the Command Preference Designation (CPD), preference statement. All command preference statements for lieutenant colonel and colonel command select list commands are processed electronically through this link on AKO.

Regular Army Integration

As a result of the Defense Officer Personnel Management Act (DOPMA), effective 15 Sep 1981, there is a requirement for an officer to integrate into the Regular Army upon promotion to Major or upon their second competitive selection for promotion (which is LTC for some of our Allied Science officers). An Oath of Office (DA Form 71) must be administered to the Officer and should be done on the officer's day of promotion. The Oath of Office (DA Form 71) should include the Officer's promotion order number (just annotate in upper right corner of the form) and be sent to Commander, PERSCOM, ATTN: (TAPC-OPD-C), 200 Stovall Street, Alexandria, Virginia 22232 within 30 days of the officer taking the oath. POC at PERSCOM is Ms Norris at Accessions Branch 703-325-3759 DSN 221

Active Duty Service Obligation

Important to all officers is Active Duty Service Obligations (ADSO). All officers are encouraged to discuss ADSO's that may be incurred for permanent change of station, civilian schooling, and military schooling with their PERSCOM career managers, organization's personnel officers at their local military personnel offices / PSB/ PSC. AR's 350-100, 621-1, 351-3, and DA PAM 351-4, serve as guides for determining service obligations for training received.

Tour Stabilization for families with High School Seniors

Instituted this year by the Chief Staff Army, in MILPER message 01-135, is the ability for officers to request stabilization in current assignment to allow for the dependent children to finish their senior year in high school at the location where the sponsor is currently assigned. Application must be submitted prior to the start of the dependent's junior year in high school.

Officer Records

It is incumbent that our officer records accurately reflect our most current military status as it applies to our last recorded evaluation report, last photo taken, and last physical examination.

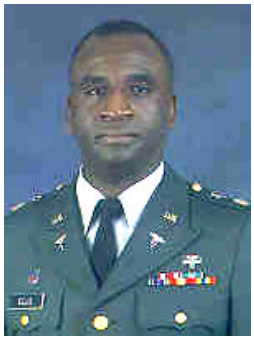
MSC PERSCOM Branch Managers

COL Richard Agosta
Branch Chief,
Colonel's
Assignment Desk

LTC Bryant Aldstadt
Deputy Branch Chief,
MAJ/LTC's Assignment Desk
AOCs 70H, K, 67J

LTC Jasper Watkins
LT/LTC Assignment Desk
AOCs 71A, B, E, F,
67E, F, G

MAJ(P) Carla Price
MAJ/LTC's Assignment Desk
AOCs 70A, C, D, E, F

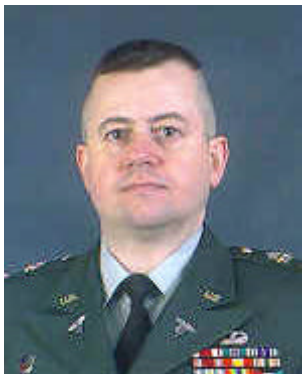


MAJ Samuel Ellis
Company Grade's Assignment Desk
1LT(P) thru CPT
AOCs 70B,
TDA", A, C, D, E, F"

MAJ Lawrence Hallstrom
Company Grade's Assignment Desk,
1LT(P) thru CPT
AOCs 70B
TOE- K, H & 67J

MAJ Phredd Evans
LT/LTC Assignment Desk
AOCs 72A, B, C, D, E,
73A, B

MAJ Paul Goymerac
Chief,
Education & Training



MAJ Ralph Deatherage
Lieutenant's Assignment Desk
All AOC 67A, Pre-OAC &
Warrant Officers/670A

Reference Websites:

PERSCOM On line;
http://www.perscom.army.mil
MSC Branch PERSCOM
http://www.perscom.army.mil/OPmsc/1brchief.htm

Promotion Board Trends & FY01 Board Analysis

The centralized officer promotion selection system is governed by procedures based on statute (Title 10, United States Code), Army Regulation (AR 600-8-29, Officer Promotions) and policy established by the Secretary of the Army and the Deputy Chief of Staff for Personnel. The selection system is closely monitored and managed because of the far-reaching effects that the selection process has on the mission of the Army, and the professional development, morale and well being of the officer corps.

The basic concept of the promotion selection system is to select for promotion those officers who have demonstrated that they possess the professional and moral qualifications, integrity, physical fitness, and ability required to successfully perform the duties expected of an officer in the next higher grade. Promotion is not intended to be a reward for long, honorable service in the present grade, but is based on overall demonstrated performance and potential abilities.

Congressional and budgetary constraints dictate the number that may be selected for promotion to each grade. Each board considers all officers eligible for promotion consideration, but it may only select a number within established selection constraints. The Medical Service Corps stands as the example for the Army Competitive Category and the other Special Branches by providing detailed management guidance to promotion boards to insure that the needs of the Army are met by Medical Functional Area or separate AOC. The basis for this comes from the Objective Force Models that are applied to develop the 5-Year Promotion Plan. This is then used to develop maximum and minimum selection by category and helps to develop specific requirements that are stated in each promotion board Memorandum of Instruction (MOI). This is a best business practice to insure that the system produces best qualified officers in needed specialties at each rank. The Secretary of the Army, in his MOI, articulates these needs by establishing limits on the number of officers to be selected. The selection process is an extremely competitive process based on the "whole officer" concept. It is an unavoidable fact that some officers considered for promotion will not be selected for promotion. There are always more outstanding officers who are fully qualified to perform duty at the next higher grade, but who are not selected because of selection capability restrictions based on budgetary constraints.

Since promotion selection boards are not authorized by law to divulge the reasons for selection or non-selection of any officer, specific reasons for the board's recommendations are not known. A non-selected officer can only conclude that a promotion selection board determined that his or her overall record, when compared with the records of contemporaries by category in the zone of consideration, did not reflect as high a potential as those selected for promotion.

This work and subsequent analysis is fragile in the sense that each board's eligible population; in zone, above zone and below zone; is comprised of a different distribution of eligible officers. It is a population of one or a single universe in every review. The MOI for each board contains different AOC promotion requirements based on the AMEDD Objective Force Model and existing inventory. Each selection board membership is comprised of a new and different group of officers who bring with them their own experiences, perceptions and perspectives. This human element adds to the dynamics of the process to select best qualified officers who have potential to serve at the next higher rank.

The value of the significant data displayed in this review provides a display of confidence that the promotion selection boards are meeting their mission by sustaining an officer force by specialty at determined grades. No data or conclusions drawn in this analysis are a predictor of results of future boards for the same grade.

Each officer can be assured that he or she receives fair and equitable consideration. Non-selection for promotion does not imply that an officer has not performed in an admirable manner or that the Army does not value the service performed. Officers not selected for promotion are not precluded from consideration by future boards, provided they meet the eligibility criteria established for consideration.

No data or conclusions drawn in this analysis are a predictor of results of future boards for the same grade.

Promotion Board Statistics

Lieutenant Colonel Selection Board
13-21 February 2001
Primary Zone Officers Considered for Promotion: 102
Officers Selected for Promotion: Above the Zone- 16
Primary Zone- 67
Below the Zone- 1

Major Selection Board
3-13 October 2000
Primary Zone Officers Considered for Promotion: 174
Officers Selected for Promotion: Above the Zone- 14
Primary Zone- 131
Below the Zone- 4

Data Source: PERSCOM

FY 2001 Promotion Board Trends

Colonel

Selection Opportunity Rate

	FY97	FY98	FY99	FY00	FY01
MS	47%	43%	51%	51%	*List not released*
AN	33%	47%	53%	40%	
SP	40%	50%	100%	57%	
VC	38%	56%	75%	50%	

DOPMA Goal 50%

Promotion Timing

	FY97	FY98	FY99	FY00	FY01
MS	22/11	22/09	22/07	22/11	*List not released*
AN	21/03	22/04	23/00	23/08	
SP	20/02	21/06	22/10	21/10	
VC	22/06	21/06	22/06	22/00	

Years of Service to Pin-on Date (year/month)
DOPMA Pin on Date Goal: 22 +/- 1

Lieutenant Colonel

Selection Opportunity Rate

	FY97	FY98	FY99	FY00	FY01
MS	69%	76%	79%	80%	82%
AN	58%	70%	75%	74%	76%
SP	71%	100%	83%	114%	85%
VC	71%	100%	83%	114%	85%

DOPMA Goal 70%

Promotion Timing

	FY97	FY98	FY99	FY00	FY01
MS	16/09	16/08	16/06	16/01	16/05
AN	16/10	16/03	16/04	16/06	17/01
SP	16/02	16/11	16/03	16/00	16/00
VC	16/00	16/09	16/10	16/00	16/04

Years of Service to Pin-on Date (year/month)
DOPMA Pin on Date Goal: 16 +/- 1

Major

Selection Opportunity Rate

	FY97	FY98	FY99	FY00	FY01
MS	82%	65%	84%	85%	86%
AN	80%	90%	86%	89%	94%
SP	81%	81%	94%	100%	97%
VC	67%	73%	77%	74%	71%

DOPMA Goal 80%

Promotion Timing

	FY97	FY98	FY99	FY00	FY01
MS	10/10	10/11	10/08	10/06	10/06
AN	10/11	10/09	10/07	10/05	10/06
SP	10/05	10/09	10/06	10/04	10/04
VC	11/01	10/05	10/06	10/02	9/03

Years of Service to Pin-on Date (year/month)
DOPMA Pin on Date Goal: 10 +/- 1

Data Source: Personnel Directorate, Officer of the Surgeon General DASG-PTZ

FY 2001 LTC Promotion Board Analysis

The Memorandum of Instruction (MOI) for each board contains different AOC promotion requirements based on the AMEDD Objective Force Model. Each selection board is comprised of a new and different group of officers. These officers are asked to serve as promotion board members (half of which are from the Army competitive category and half are AMEDD Officers).

Analysis was conducted on two FY01 promotion boards- the FY01 Lieutenant Colonel and Major Promotion Boards (the FY01 Colonel Promotion Board results have not been released. Upon release an analysis will be conducted and included in next year's MSC Annual Report). The review encompassed five categories. The LTC board results were considered for field grade OERs; military education (MEL): Command:; professional/specialty education: and field grade assignment mix. The Major board review considered OERs; military experience:; military education; professional/specialty education.

The analysis did not consider critical subjective information. No consideration was given to the narrative portion of an OER and the weight a board may give to outstanding words with a COM under the old or the new OER system or the relative size of a population for a senior rater. Additionally, no consideration to OERs under the old system or to command OERs compared to other assignments. In fact, there was no review of types of positions in which officers had served other than TOE and TDA review. It is critical to note that this analysis did not review any OERs for the quality of narrative.

These categories were selected based on frequently asked questions from our officers and insights from our MS PERSCOM career managers as they prepare officers' files for board review.

Most importantly, this analysis will not predict nor was it intended to predict results of future boards. It is a tool for senior officers and junior officers alike to use in discussion of leader development and career management.

Data Source: ORB Review

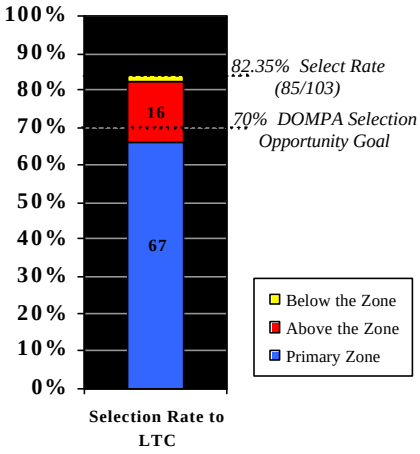


Chart 1

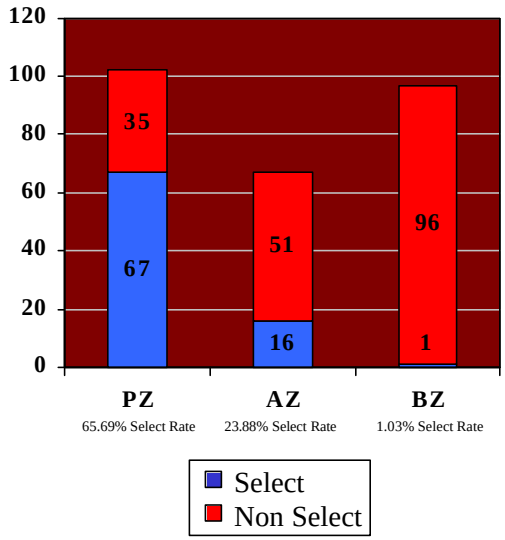


Chart 2

The Lieutenant Colonel promotion selection board convened on 13 February and recessed on 21 February 2001. There were 67 officers considered above the zone, 102 primary zone and 97 below the zone. The results are 16 officers were selected above the zone, 67 from the primary zone, and 1 officer below the zone.

The Defense Officer Promotion Management Act (DOPMA) selection opportunity goal to LTC is 70%. This is calculated by taking the total number of officers selected for promotion and dividing by the total number officers considered in the primary zone.

Chart one illustrates the DOPMA selection opportunity rate. Chart two illustrates the selection rate within each zone of consideration each zone. Although the DOPMA selection rate to LTC was 82% (84/102), the promotion rate for officers in the primary zone was 66% (67/102). For officers above the zone, 24% were selected for promotion (16/67). 1% of the below the zone

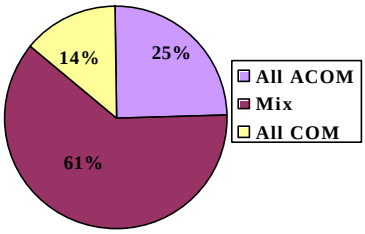
$$\frac{\text{Selected AZ + PZ + BZ}}{\text{PZ Population Considered}} = \text{DOPMA Selection Opportunity Rate}$$

$$\frac{16 + 67 + 1}{102} = 82\%$$

Field Grade OER Profile

What are success rates with COM ratings for promotion?
Lieutenant Colonel AMEDD
recessed 21 February 2001

* *85 officers were selected.*
* *The average officer had 3.2 DA67-9 evaluations.*
* *75% selected had at least one center of mass (COM) rating.*
* *45% had two or more COM ratings.*
    * *11 selects had 3 COM evaluations.*
    * *2 selects had 4 COM evaluations.*
    * *1 select had 5 COM evaluations.*



OER ratings for officers selected for promotion
ACOM– 21
ACOM & COM– 52
All COM– 12

The DA 67-9 OER system was implemented in October 1997. The average promotion file contained 3 to 4 of these field grade OERs while some officers only had one, others had over six and a few had only Academic Evaluation Reports. The ACOM and COM ratings were used only as a unit of measure and do not take into account the verbiage used in the evaluation (nor does it take into account the types of positions held as a Major). 2% of the officers not selected for promotion had all ACOM ratings while there were officers selected, for promotion, with all COM ratings in their file. This suggests that strong words in the narrative of the OER can be just as important as the ACOM/ COM rating.
Officers should seek challenging assignments and perform well. Senior Raters should focus on well-written narratives that strongly describe the rated officer's performance and potential.

Data Source: PERSCOM

Military Education

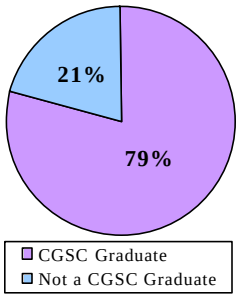


Chart 1
CGSC completion for all officers *considered* for promotion (135/171)

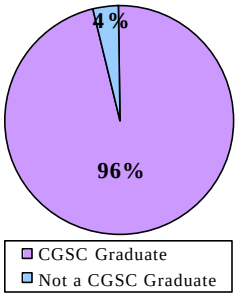
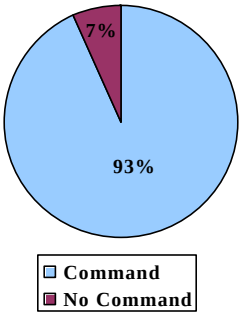


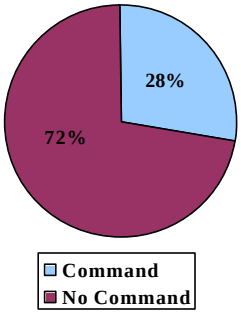
Chart 2
CGSC completion for officers *selected* for promotion (82/85)

A majority of the eligible Major population considered for promotion to LTC had completed CGSC. The completion of CGSC by any means- resident, USAR or correspondence- will make an officer's record more competitive for promotion to LTC.

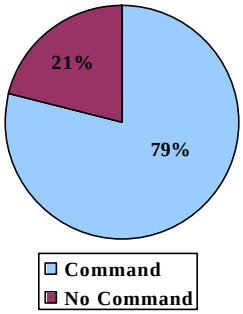
Command



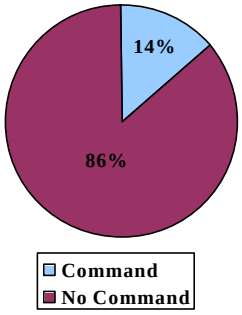
MFA 70 Officers considered for promotion with command (97/104)



MFA 71 Officers considered for promotion with command (5/18)



MFA 72 Officers considered for promotion with command (15/19)



MFA 73 and AOC's 67E, F, G Officers considered for Promotion with command (4/29)

Unlike the previous categories, the significance of command differed by MFA. A command was considered a company command or above. 71% of the Medical Service Corps Officers considered for promotion had completed a command. 73% of the officers selected had a company command. The following charts break these numbers further by MFA.

Of the 104 MFA 70, administrative officers considered for promotion, 97 (93%) have at least one command OER in their promotion record. Thus, in this career field. (It appears essential for all AOC's in the MFA 70 to have either company or field grade command.)

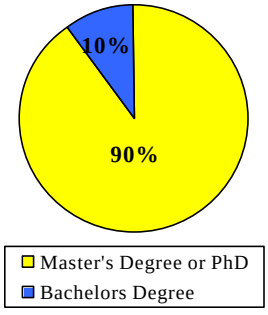
18 MFA71 officers were considered for promotion. Only 28% (5) of the officers considered for promotion have completed a command. 57% of the individuals selected did not have company command. Officers in this MFA have other key assignments and do not normally serve as a company commander.

There were 19 MFA 72 officers considered for promotion. 79% (15/19) of the officers selected had completed a command. Similar to MFA 70, command did appear to be a discriminator for MFA 72. However, 72A, 72B and 72C officers do not have company commands to serve in. Many of the company command opportunities for the 72D and 72E are as a Major in a PM detachment.

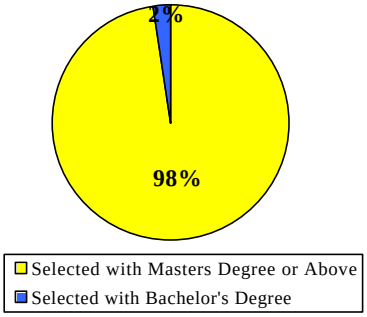
Of the 19 MFA 73, and AOC's 67 E, F, and G officers considered for promotion, 86% (25) of the officers considered for promotion did not have a command. Only 13% (2) of the officers selected for LTC had completed a command. 87% of the officers did not have command. Similar to the 67B's, command did not appear to be a discriminator for the MFA 73, and AOC's E, F, and G's. Company command is not a key assignment for officers in this MFA.

It is not part of the life cycle model for MFA71 and MFA 73, AOC's 67E, F, G (some MFA72 officers) to command.

Civilian Education– Post Graduate Degree
(Master's Degree of Above)



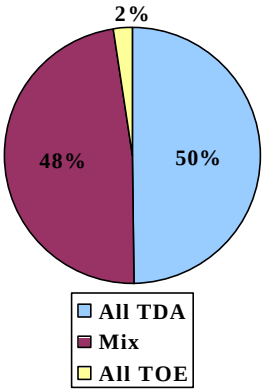
*Officers **considered** for promotion with a post graduate degree (154/171)*



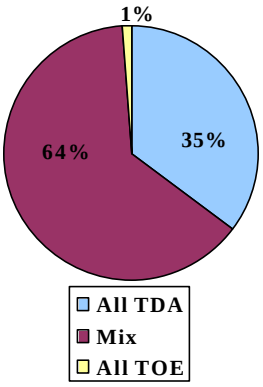
*67B officers **selected** for promotion with a post graduate degree (83/85)*

There is no requirement for officers to hold a post-graduate degree in order to be promoted to LTC. Also having earned a masters degree does not ensure promotion. However, the results of this board suggest that a post-graduate degree can make a file more competitive.

Field Grade Assignments



*Field grade assignments for officers **considered** for promotion*
All TDA– 85
TDA & TOE– 82
All TOE– 4



*Field grade assignments for officers **selected** for promotion*
All TDA– 30
TDA & TOE– 54
All TOE– 1

Although displayed as a Corps total, there were differences among the four MFAs when reviewing a combination of field grade TDA and TOE assignments. For MFA 70 and MFA 72, specifically AOCs 72D and 72E, it appeared important to have both TDA and TOE assignments as a field grade officer. The preponderance of officers in MFA 71 and MFA 73, as well as, AOCs 72A, 72B, 72C, 67E, 67F, and 67G are limited in opportunity for TOE assignments and therefore were not disadvantaged by not having a mix of assignments.

FY 2001 Major Promotion Board Analysis

The Major promotion selection board convened on 3 October and recessed on 13 October 2000. There were 47 officers considered above the zone, 174 primary zone and 192 below the zone. 14 officers were selected above the zone, 131 primary zone, and 4 below the zone.

The DOPMA opportunity selection goal to Major is 80%. The DOPMA selection opportunity rate was 85.6%

$$\frac{\text{Selected AZ + PZ + BZ}}{\text{PZ Population Considered}} = \text{DOPMA Selection Opportunity Rate}$$

$$\frac{14 + 131 + 4}{174} = 85.6\%$$

Chart one illustrates the DOPMA selection opportunity rate. Chart 2 illustrates the selection opportunity selection rates within each zone of consideration. Although the DOPMA selection rate to MAJ was 85.6% (149/174), the promotion rate for officers in the primary zone was 75.3% (131/174). For officers considered above the zone, 29.8% (14/47) were selected for promotion. 2.1% (4/192) of the below the zone officers were selected for promotion.

Data Source: ORB Review

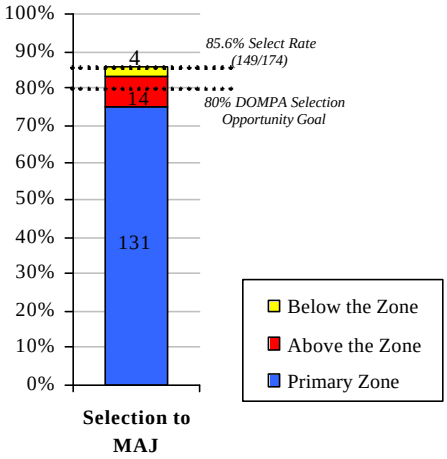


Chart 1

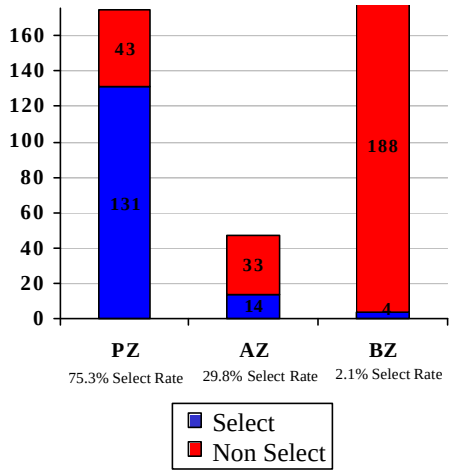


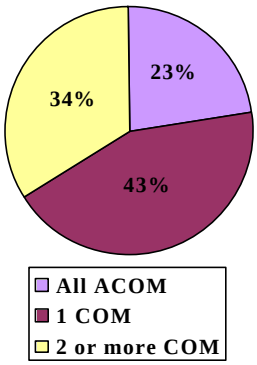
Chart 2

OER Profile

What are success rates with COM ratings for promotion?

Major AMEDD recessed 13 October 01

- *149 officers were selected.*
- *The average officer had 2.9 DA67-9 evaluations.*
- *17% selected had at least one center of mass (COM) rating.*
- *34% had two or more COM ratings.*
- *18 selects had 3 COM evaluations.*



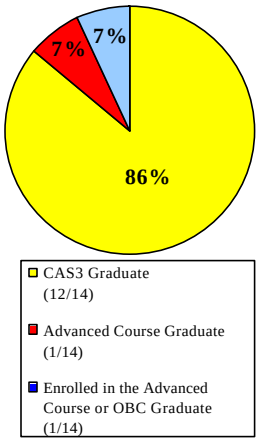
OER ratings for officers selected for promotion
ACOM– 34
1 COM– 64
2 or more COM– 51

Only the DA 67-9 OERs, submitted under the new Officer Evaluation Reporting (OER) system, were considered in the analysis for this part of the study.

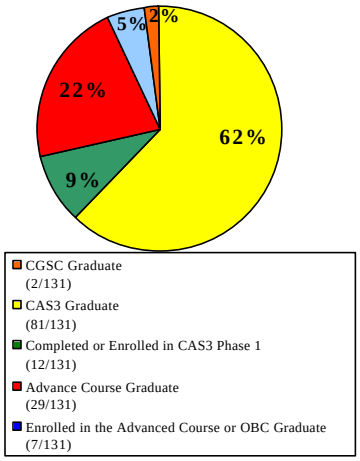
The average promotion file contained 3 to 4 of DA 67-9 OERs. Similar to the LTC Promotion Board, the ACOM and COM ratings were used only as a unit of measure and does not take into account the verbiage used in the evaluation. Nor does it take into account command OERs. All COM OERs are not equal. Verbiage and maturity of senior rater profile are factors that can increase or decrease the weight of an OER. Officers can be selected for promotion with COM evaluations provided they seek the tough jobs and receive strongly worded reports.

Data Source: PERSCOM

Military Education



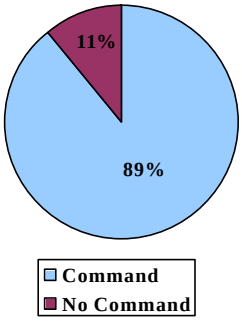
Military Education for officers selected Above the Zone



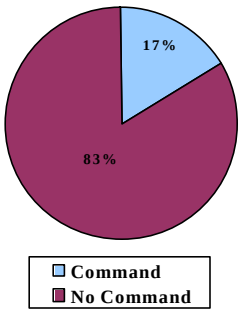
Military Education for officers selected in the Primary Zone

Military education is significant to the growth and development of our officers. Individual pursuit of military education demonstrates a commitment to our profession. It is important to note that there is no requirement for completion of CAS3 to be promoted to Major.

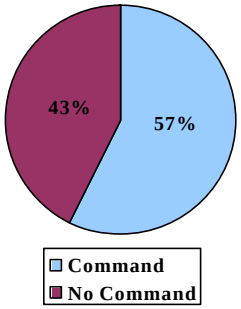
Company/ Detachment Command



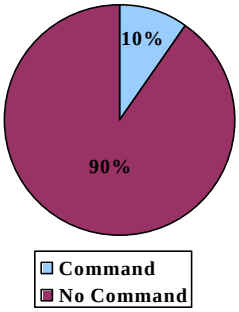
MFA 70 Officers considered for promotion with command (144/161)



MFA 71 Officers considered for promotion with command (2/12)



MFA 72 Officers considered for promotion with command (12/21)



MFA 73 and AOC 67 E, F, G Officers considered for Promotion with command (3/31)

MFA 70

Of the 161 MFA 70 officers considered for promotion 144 (89%) had at least one command OER in their promotion record. 8 out of the 17 MFA 70 officers that did not have a company command were 67J. (67J's typically complete a company command as a Major or senior Captain. Thus, in MFA 70, it appears essential for all AOC's to have completed a company command.

MFA 71

17% (2/12) of the MFA 71 officers considered for promotion completed a company command. Similar with the LTC promotion board analysis, company command for the 67B did not appear to be a promotion discriminator, nor is it part of the 67B officer's life cycle to command.

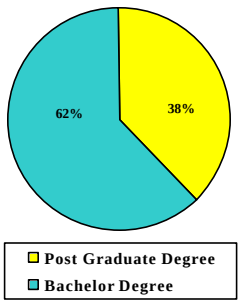
MFA 72

There were 21 MFA 72 officers considered for promotion. 57% (12/21) of the considered officers had completed a command. Of the 12 officers considered for promotion with a company command, 9/12 were in AOC 72D or 72E.

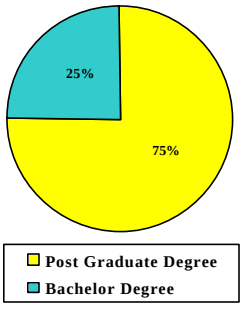
MFA 73, AOC's 67 E, F, G

Of the 31 MFA 73, AOC E, F and G officers considered for promotion, 10% (3) of the officers had a company command. Similar to the MFA 71, company command is not a discriminator for MFA 73 and AOC's 67 E, F, G, nor is it part of their leader development plans.

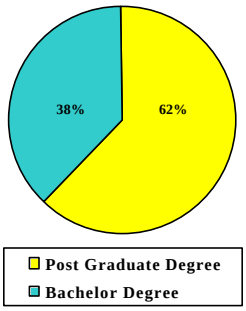
Civilian Education– Post Graduate Degree
(Master's Degree or Above)



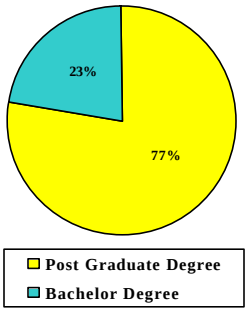
MFA 70 officers considered for promotion with a post graduate degree (61/161)



MFA 71 officers considered for promotion with a post graduate degree (9/12)



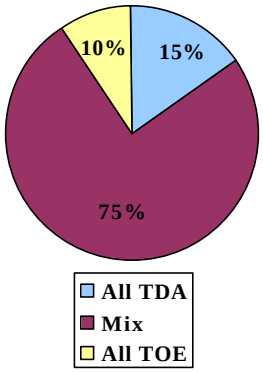
MFA 72 officers considered for promotion with a post graduate degree (13/21)



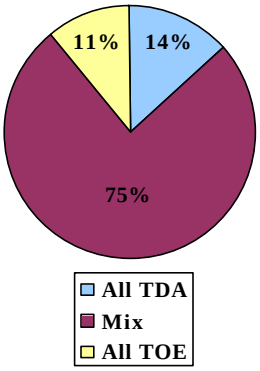
MFA 73, AOC's 67 E, F, G officers considered for promotion with a post graduate degree (24/31)

Many of our Allied Science officers hold post graduate degrees by virtue of their disciplines minimum education standard. Some are earned prior to accession into the MSC and others are the result of service development and internship programs. However, there is a perception in the field that an officer must have a postgraduate degree prior to Major. This is a particularly prevalent belief in the MFA 70. The statistics from the FY 01 Major's board indicate that a postgraduate degree does not support this belief. In MFA 70, 103 officers were selected for promotion. Of these officers selected, 58% (59/103) did not have a post graduate degree. The MSC life cycle model DA Pam 600-4 indicates that an officer should obtain a postgraduate degree between service years 5-15 (between CPT and MAJ.) During this time frame, an officer is also eligible for long term health education and training (LTHET). An officer may apply for a postgraduate degree through the LTHET program or obtain a degree on personal time.

Company Grade Assignments



*TDA and TOE assignments for officers **considered** for promotion*
All TDA- 34
TDA & TOE- 165
All TOE- 21



*TDA and TOE assignments for officers **selected** for promotion*
All TDA– 20
TDA & TOE- 110
All TOE– 16

There is not a "one key assignment", either TDA or TOE, which appeared to guarantee promotion to MAJ. When and where possible, it is equally important to have a variety of field grade TDA and TOE assignments in MFA 70 and 72. Due to the amount of clinical/ research work in MFA's 71 and 73, AOC's 67E, 67, and G TDA assignments are critical for clinical professional development. Job performance appears to be a greater factor for promotion success.

Promotion Board Hints

The following list are consistent items identified by each selection board. Officers can help themselves by insuring the following items are updated prior to a selection board:

1. Current DA photo. (Preferably taken within the last year.) Although not required, please send two copies.
2. Current and signed ORB
3. Review microfiche for OER's AER's, awards, decorations, and college transcripts. Ensure they are all current and correct several months before the board convenes. Officers can obtain a microfiche copy by completing the "Request for Microfiche" form located on the PERSCOM web page.
4. Please send your ORB and DA photo to your Career Manger not later than 30 days prior to your selection board.

Commander, PERSCOM
ATTN: TAPC-OPH-MS
200 Stovall Street
Hoffman II, Room 9S69
Alexandria, VA, 22332-0417

Future Promotion Board Dates

Grade	Date
Colonel	9-19 July 2002
Lieutenant Colonel	12-22 February 2002
Major	2-12 October 2001
Captain	5-15 March 2001

MSC Birthday 30 June 1917-2001

Medical Service Corps Birthday Background

Prepared by COL (Ret) Dick Ginn. MSC

The best date for the Medical Service Corps birthday is 30 June 1917, the date of the general order that formed the Sanitary Corps in World War I.

There are two reasons:

a. The Sanitary Corps remained in existence after World War I as an unbroken line leading into the formation of the Medical Service Corps on 4 August 1947.
b. Of all its antecedents, the Sanitary Corps most closely resembles today's MSC.

There are six major precursors in the evolution of the MSC.

* U.S. Army Medical Storekeepers	22 May 1862
* Ambulance Corps	11 March 1864
* U.S. Army Ambulance Service	23 June 1917
* Sanitary Corps	30 June 1917
* Medical Administrative Corps	4 June 1920
* Pharmacy Corps	12 July 1943

A Summary of Medical Service Corps Precursors

U.S. Army Medical Storekeepers, 22 May 1862. Established during the Civil War as a means for officially commissioning medical procurement officers.

Ambulance Corps, 11 March 1864. Established by Congress for the Union Army during the Civil War. It was the outgrowth of Surgeon Jonathan Letterman's plan for an ambulance corps in the Army of the Potomac as implemented 2 Aug 1862. The law was allowed to expire in 1866 after the war.

U.S. Army Ambulance Service, 23 June 1917. The USAAS federalized U.S. volunteer units in France and Italy. The USAAS ceased to exist after World War I ended.

Sanitary Corps, 30 June 1917. It totaled nearly 3,000 officers by the end of World War I in 1918 who were serving in a wide variety of administrative and scientific specialties. It was merged into the MSC after World War II.
Medical Administrative Corps, 4 June 1920. The MAC provided a means for commissioning officers in medical administrative specialties. It grew to nearly 20,000 officers and was the third largest OCS during World War II. It was merged into the MSC.

Pharmacy Corps, 12 July 1943. This corps was formed to provide a Regular Army component for pharmacy officers during World War II. It was merged into the MSC.

MSC cake cutting luncheon

COL (Ret) Ginn reflects on the "past" of the MSC

The junior and senior MSC in attendance at the MAMC celebration prepare to cut the cake.

Office of the Chief, Medical Service Corps

Chief, MSC

BG Richard Ursone

Deputy Chief, MSC

COL David C. Burns, MS
Office of the Chief, MSC
ATTN: DASG-MS
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Deputy Chief, MSC Individual Mobilization Augmentee (IMA)

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Special Recognition

This was a significant undertaking. Working with only an idea, a concept and a blank piece of paper is a challenge. Many people contributed to this initiative- senior leaders, consultants and field leader team members. However, some exceptional people merit acknowledgement for their notable work and meaningful contribution. LTC Wanda Allan-Hubert, Major Rob Goodman, Major Bruce Shahbaz, Captain Michelle Greene, Captain Mike Elliot, Captain Melissa Doherty, and Mr. Craig Buss were instrumental in shepherding this first MSC Annual Report to final publication and distribution.

Future Annual Reports: What is your opinion?

The intent of this first annual report is to provide timely and relevant information to our officers. It serves as another tool to assist in the leader development, coaching, guiding and mentoring of our officers. Finally, this report acknowledges some of the many fine contributions of our MSC officers to the AMEDD and our Army.

In an effort to better serve our officers we are seeking your comments, both positive and negative, as well as recommendations for topics of interest for inclusion in future reports. Please email your comments to:

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